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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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UTING CAUSE OF DEATH.

21D TIME 21E. INJURY OCCURRED (Month) (Day) (Year) (Hour) OF INJURY WHILE AT (APPROX.) m. WORK 22.

21 F. HOW DID INJURY OCCUR?

I certify that I held an Inquiry resulted from: Natural causes X

Autapsy X Inspection Suicide

NOT WHILE

Hamicide Undetermined manner

23D. LOCATION

and that an this basis, death in my apinion

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED 2-10-66

(State)

EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type) 23A, BURIAL CREMATION.

ASSOCIATE MEDICAL EXAMINER

(City, town, or county)

REMOVAL (Specify) Careia1

24B NAME OF

Accident

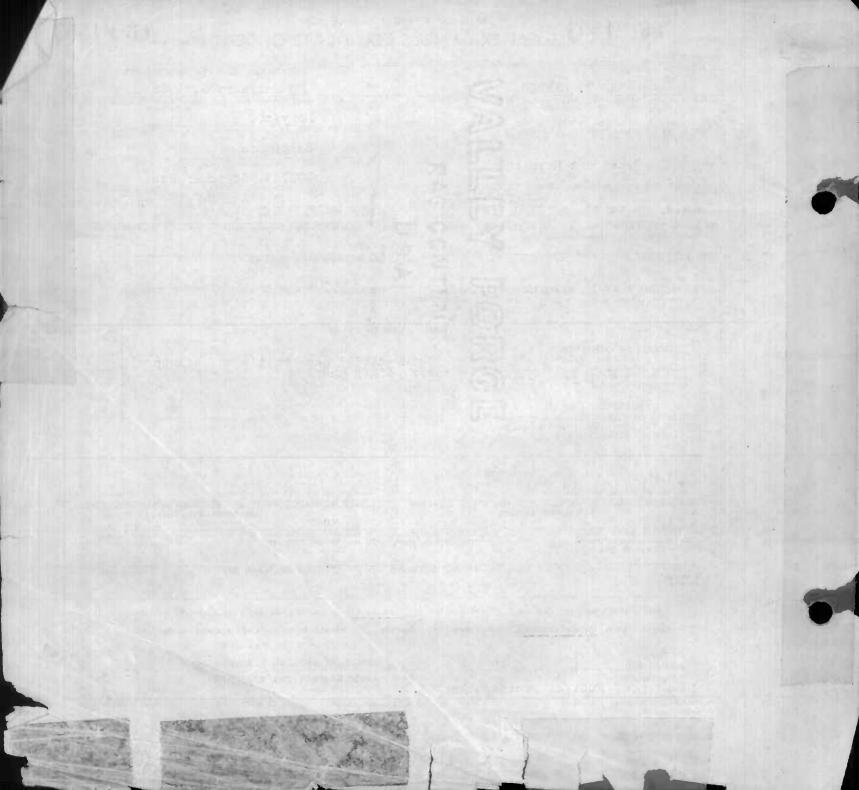
AC. FUNERAL DIRECTOR

ADDRESS

24A, DATE REC'D BY HEALTH DEPT.

23C. NAME of CEMETERY of CREMATORY

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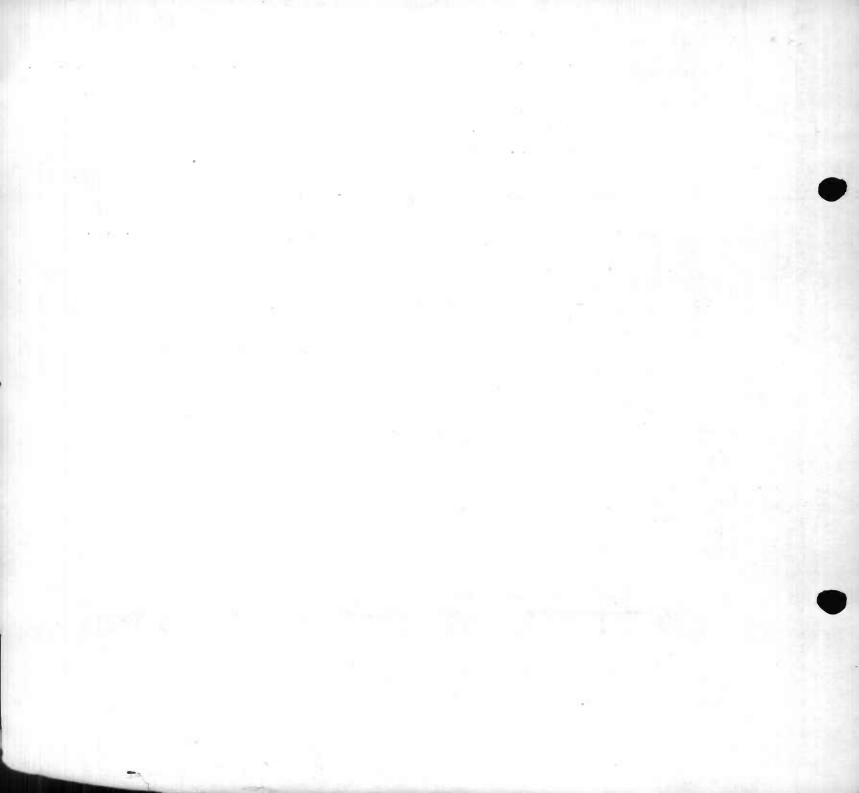
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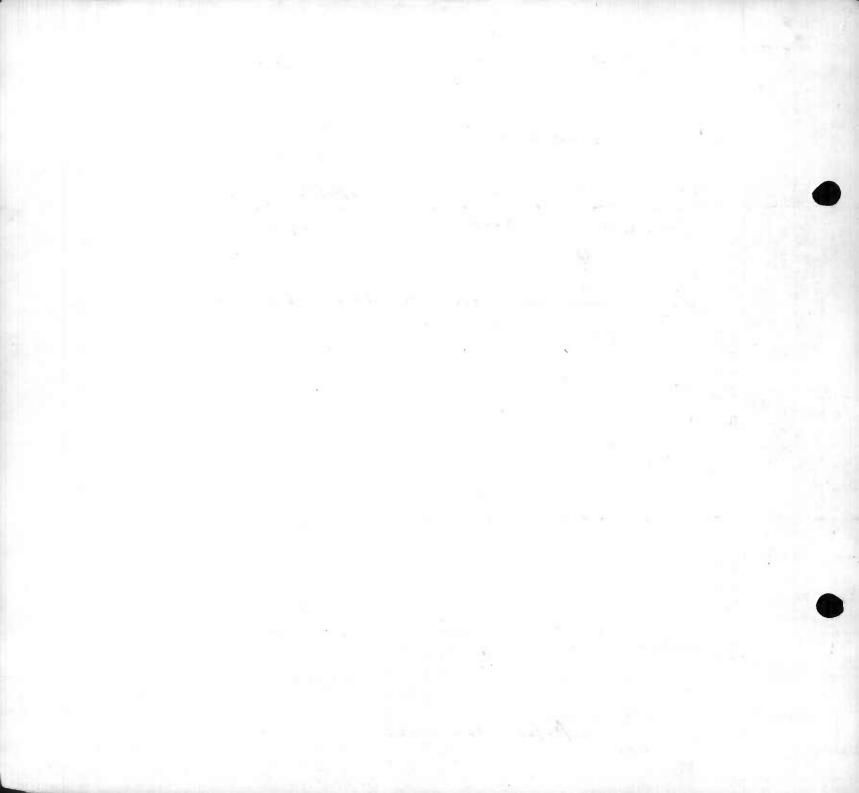
BALTIMORE CITY HEALTH DEPARTMENT Registered Nd. 6 11506 66 91596 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) February 9, 1966 | 5:30 A.A.

USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Alease I. Dickerson 5:30 A.M. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 8. COUNTY (If not in hospital or institution, give street FULL NAME OF Marvland HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 1139 Sherwood Ave. Baltimore D. STREET ADDRESS (If rurol, give location) Baltimore, Md. 21212 1139 Sherwood Ave. mad 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX If Under 1 Yr. Months: Doys II Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Hours 28, White Female Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) 2. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Virginia Housewife Home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles E. Gilbert Cornelia Clarke 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6 SOCIAL ADDRESS or final (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. Barnett S. Dickerson INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (This does not meon the mode of dying, e.g., embal hearl failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the the remains UNDERLYING CONDITION last. II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, olfice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from pe that (I) (we) last sow the deceased alive on. 19 and that in (my) (our) spinian death accurred on the date and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after deoth. must 23A. SIGN AT-LIRE 23 B. DATE SIGNED Attending p Med. Stoff M.D. approval Phys. Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type Merideth Smith 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specily) Spring Hill Cemetery Green Co. Virginia 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C EUNERAL DIRECTOR ADDRESS

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VS 150-REV. 1/1/65



		TY HEALTH DEPARTMENT	00 01500	
BIRTH NO. 66	01508 CERTIFIC	ATE OF DEATH V Registered	No. 66 01508	
M.E. CASE NO.	CERTIFICA			
1, NAME OF DECEASED (Type or Print) BOSIES	. CHRISTIAN	FEB 9 19		
3. PLACE OF DEATH IN BALTIMORE,	MARÝLAND	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	. If institution: residence before odmission)	
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
ST AGNES HOSPIT	'AL	D. STREET ADDRESS (If rurol, give locotion	33-00	
		2219 PLEASANT DRIV		
MALE SEX WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 2-9-24 9. AGE (In years birthday) 42	Months Doys Hours Min.	
6A. USUAL OCCUPATION (Give kind of the following most of working tife, even if retire SALESMAN	work 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME	77112271. 071714 221	14. MOTHER'S MAIDEN NAME	33	
HARRY BOSIES		ELSIE ECKMAN		
5. Was Deceased Ever in U. S. Armed		17. INFORMANT	ADDRESS	
YES WW II	SECURITY NO. 217-16-705	ST AGNES HOSPITAL CA	ATON & WILKENSAVE.	
1B. /3 -/ X I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION LEADING TO DEA	DIRECTLY			
(This does not meon the made	of dying, e.g., DUE TO	Stomach Cascinomer Abdominal Carcinomo	***************************************	
heart failure, asthenia, etc. It me injury ar camplication which cou	ans the disease,		A LANGUERO	
ANTECEDENT CAU	SES (B)	Abdominal Carcino ma	itose	
DISEASES OR CONDITIONS,	201.0			
rise la lhe abave cause (A) slating the (C)			
UNDERLYING CONDITION lost,			**************************************	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	RELATED TO THE			
19A. DATE OF OPERATION 19B. C	ONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)		ltimore City, give exact location)	
O				
21D. TIME (Month) (Day) (Ye OF INJURY (APPROX.)	While At Not Wh			
22 1 (1) (1)	Work At Wor	1AN 20 .66 I	FEB 9 1066	
	ital) attended the deceased from		EB 9 1966	
that (I) (we) lost sow the dece) opinion deoth occurred on the date	
	stated above. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	010		23B, DATE SIGNED	
Cemil	Go Dar M.D. A.	ttending Med. Stoff Phys.	2-9-66	
23C. PHYSICIAN'S NAME (Type)	BOBAL M.D	23D. ADDRESS CATON & WILKENS AVENU	JF	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C		(City, town, or county) (State)	
REMOVAL (Specify)				
Burial Feb 1	1,1966 Balto. Na	tional Cemt. Baltimor		
FIFTH S 4 4000 A	250. NAME OF REGISTRAR	STERLING FUNERAL DISTRICTOR	ESTATE ADDRESS	
/S 150-REV. 1/1/65	TE STANGENT O	1/30 Edmondson Av.	. Catonsville	

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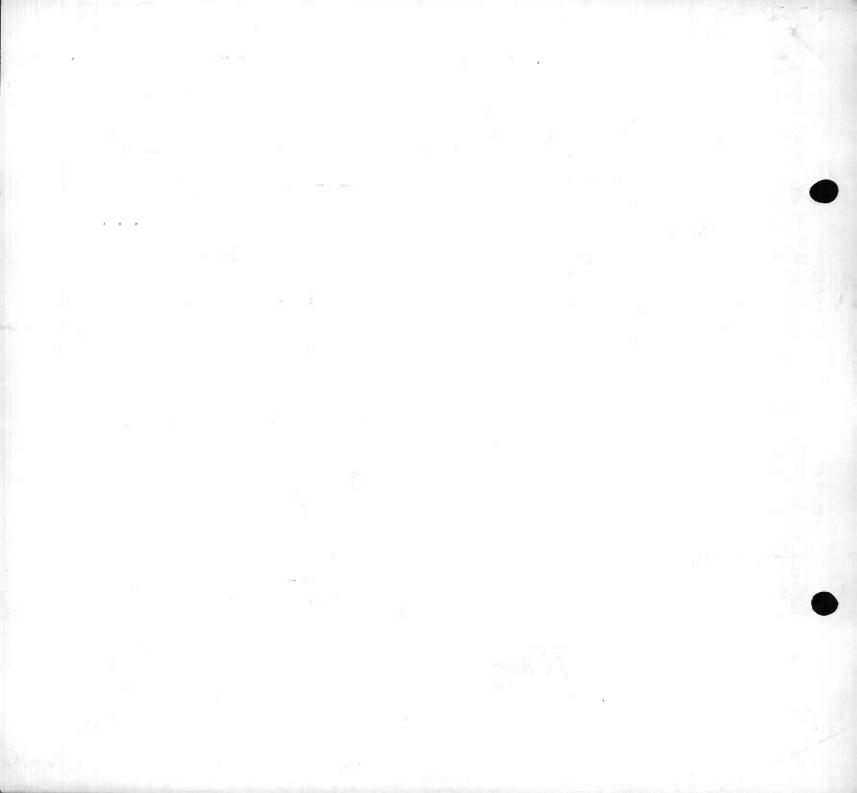
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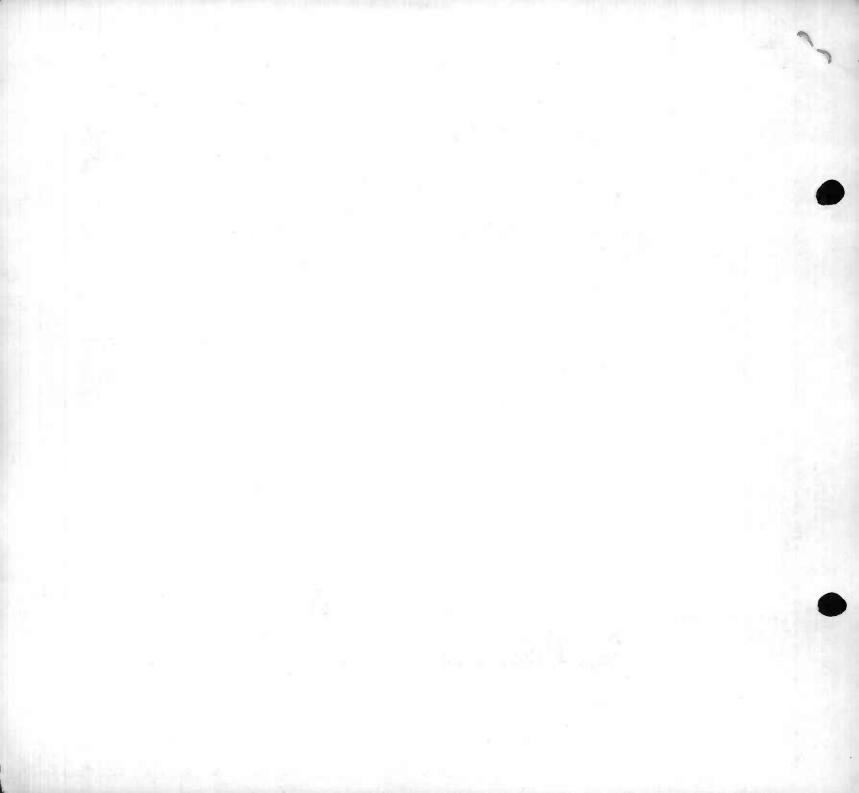
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5-010 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 1511

E. CASE NO.	CERTIFICATE OF DEATH REGISTERS NO.			
NAME OF DECEASED pe or Print)	2. DATE AND HOUR PRONOUNCED DEAD			
HARRY SIEGEL	February 9, 1966 3:35 A _M			
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY Maryland			
ERTIFICA THE PITA MENDED	C. CITY OR TOWN (if outside corporate limits, write RURAL and give township) Baltimore			
Union Memorial Hospital	D. STREET ADDRESS (If rurol, give locotion) 3705 Trent Rd.			
male white 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr Months, Doys, Hours, Min.			
A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTION (Business or industrial) CHAUFFER TAXI CAB	WHAT COUNTRY?			
FATHER'S NAME	BALTIMORE, MARYLAND USA 14. MOTHER'S MAIDEN NAME			
SAMUEL SIEGEL	ANNA ?			
WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown\()(If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS			
YES WW 2 ARMY 218-09-5143	MRS. ANNETTE SIEGEL 3705 TRENT ROAD			
100	SE OF DEATH INTERVAL BETWEEN			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	n monoxide poisoning			
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED			
WAS PERFORMED	Yes Ves			
UTING CAUSE OF DEATH. home, form, foctory, street, etc.)	office bldg. INJURY OCCUR?			
21 D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT NOT NORK	21F. HOW DID INJURY OCCUR? WHILE			
22.	utopsy X and that on this basis, death in my opinion			
A Accident	de			
SIGNATURE MELLEN MAR	ASSISTANT MEDICAL EXAMINER X			
EXAMINER'S Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 2-9-66			
BURIAL CREMATION, 238 DATE . 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (Gity, fown, or county) (Stote) RUDOMER RUSS VEREIN ROSEDALE, MARYLAND			
FEB 14 1986 Q Com & E Falleuma	SOL LEVINSON & BROS. INC. 6010 REISTERSTON			

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH MARGOLIS B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORF TEWISH CONVALESANT HOME (If rural, give location) 4601 PALL MALL ROAD 4101 BELLE AVENUE 6. RACE 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. , If Un Months: Doys : Hours B. DATE OF BIRTH If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdovi FFMALE WHITE WIDOWFD 1898 100 USHAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? HOUSEWIFE ATLANTA, GEORGIA AT HOME ILSA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NATHAN ABELSON ANN 15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NO MR. JOEL MARGOLIS 1049 FLAGTREE LANE CAUSE OF DEATH 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (GENERALIZED METASTATE MALIGNANCY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) INFLAMMATORY CARCINONA OF PHEAST ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Iasi. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ARTELIO SELECTIC CARDIOVASCULAR DISTANCE CERTIFIC 19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact locotion) CAL DEATH (notify medical examiner) MEDIC 21 D. TIME (Hour) (Month) (Dov) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased fram 8-19 66 that (1) (we) last saw the deceased alive an. and that in(my) (por) opinion death accurred an the date and Mour and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A SIGN ATURE Attending 1 M.D. Med. Phys. approval 3C. PHYSICIAN'S 23D. ADDRES BERTY HEIGHTS AUG. BALTO 21208 /18 NAME (Type) 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 2/9/66 BALTIMORE, MARYLAND 258, NAME OF REGISTRA BROS. INC. 6010 REIST. RD.

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			BALTIMORE CITY	HEALTH DEPAR	TMENT			
BIRTH NO.	66 1115	13	CERTIFICA	TE OF DE	ATH	Registered No	6-0151	3
M.E. CASE 1. NAME C (Type or Pri	F DECEASED	HOBERMAN				ary 7, 196		11 P
3. PLACE	OF DEATH IN BALTIMORE A			4. USUAL RESID	ENCE (When	e deceased lived. If		
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION		A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
)	3815 Haywa	urd Avenu	e	Baltin D. STREET ADDI 3815 H	RESS (If	rurol, give locotion) Avenue		
5. SEX Fema	6. RACE White	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 H Hours Min.
	SA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRE one during most of working life, even if refired) Housewife At Home		WHAT			12. CITIZEN O WHAT CO USA	E DUNTRY?	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN						
16 W D-		E2	11 / 50 51 41	17. INFORMANT	LOVVIL		ADD	DECC
(Yes, no or u	nknown) (If yes, give wor or d	otes of service)	16. SOCIAL SECURITY NO.		el Hobe	rman 3815		
(This	DISEASE OR CONDITION LEADING TO DEAT does not mean the mode	H of dying, e.g.,	(A) (C)		lay o	eclerain	ONSE	VAL BETWEEN F AND DEATH
	failure, asthenia, etc. It med or complication which cous ANTECEDENT CAUS	ed deoth.)	(B) Certi	inicolen	The C	- U Dres	in y	Eu;
rise	SES OR CONDITIONS, it as the obove couse (ARLYING CONDITION last,				~~~~~~			
E TO T	II R SIGNIFICANT CONDITIONS THE DEATH BUT NOT R SE OR CONDITION CAUSIN	ELATED TO TH						
	ATE OF OPERATION 198. C	ONDITION FOR	WHICH OPERATION	20A. AUTOPS	? (Yes or No	IN CERTIFYING C	E FINDINGS CON	SIDERED 1?
OR CO	CCIDENT WAS UNDERLYING DNTRIBUTING CAUSE OF I (notify medical examiner)	218 hom etc.	PLACE OF INJURY(e.g., ine, form, foctory, street, of	fice bldg., INJURY	OCCUR?	(tf in Bottime	ore City, give exoc	t tocotion)
OF INS	JURY		. INJURY OCCURRED ille At Not While At Work		W DID INJ	URY OCCUR?		
that (certify that (I) (this haspi I) (we) last sow the decem- our and from the couses s	sed alive on	71.8.			19 <u>(e </u> ta ot In(my) (awr) o	Jul. 7,	1966 curred on the d

258. NAME OF REGISTRAR

24C. NAME of CEMETERY OF CREMATORY

Beth Israel

Z3A. SIGNATURE Louis R. Maser M. D

Attending Phys.

2/8/66

(Stote)

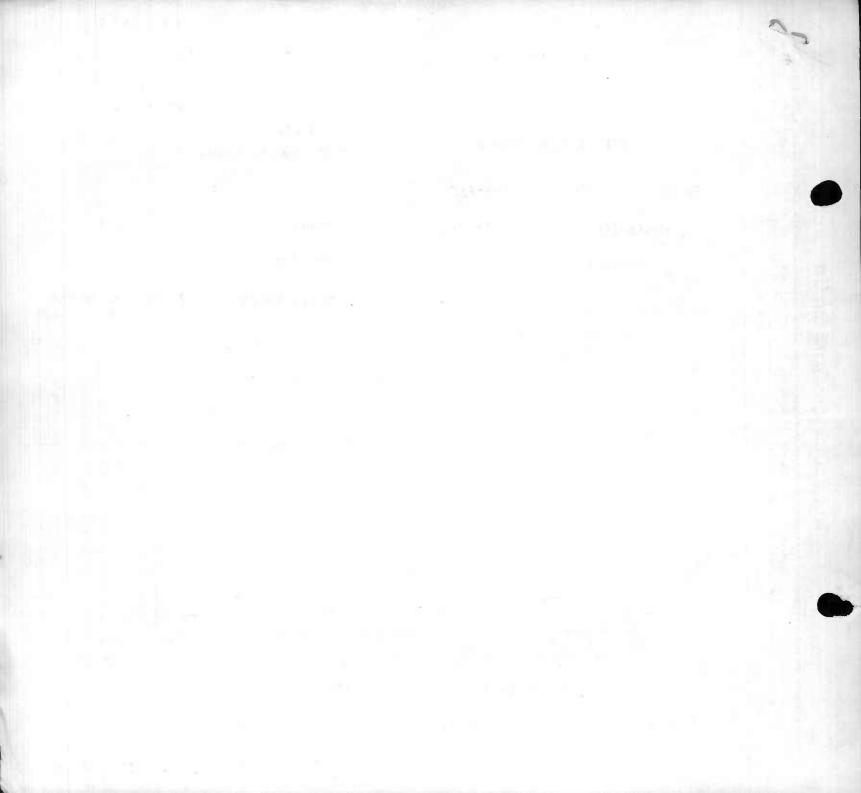
23C. PHYSICIAN'S NAME (Type) Dr. Louis Maser 23D. ADDRESS 117 West 29th Street

(City, town, or county) Woodbridge,

New Jersey

25C. FUNERAL DIRECTOR ADDRESS Sol Levinson & Bros. Inc. 6010 Reisterstown

2/9/66



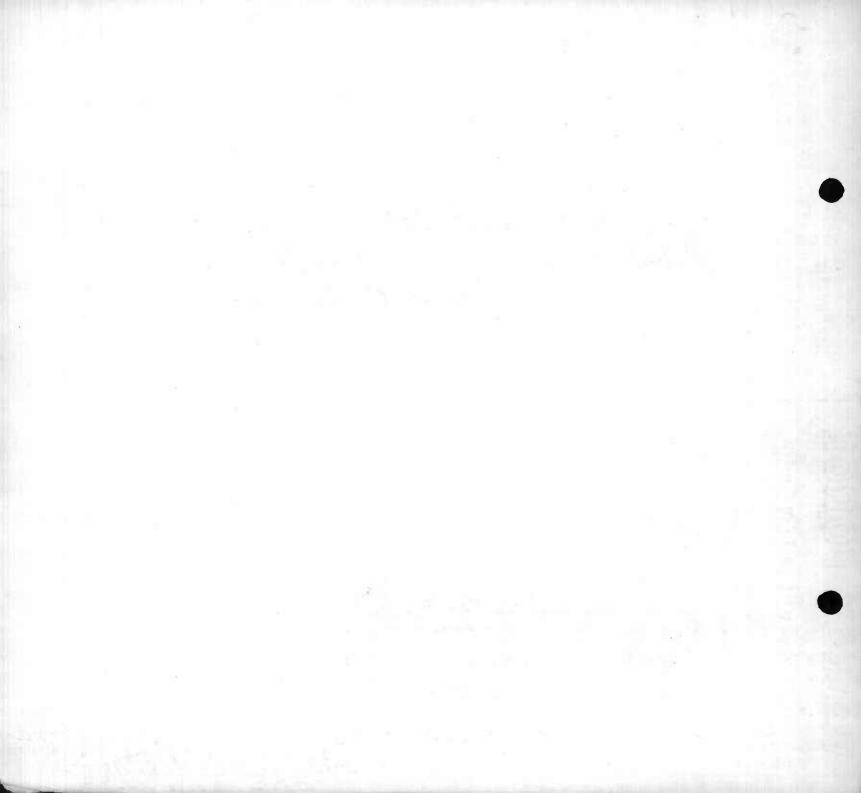
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BALTIMORE CITY HEALTH DEPARTMENT

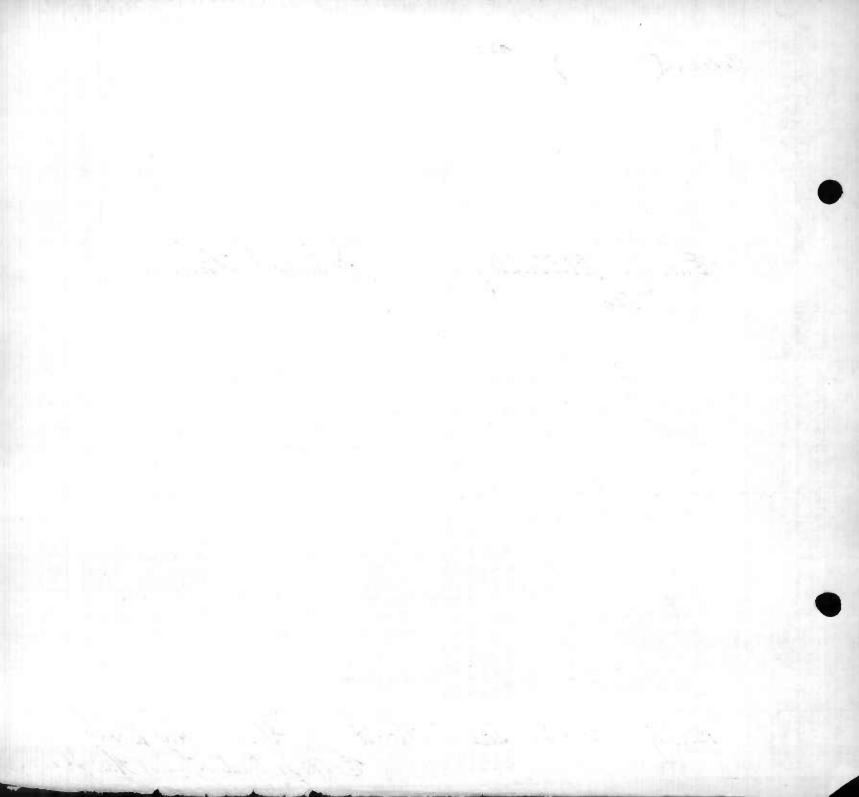
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A 57	BALTIMORE CITY	HEALTH DEPARTMENT	C	COINTE
BIRTH NO. (6 015.	CERTIFICA	TE OF DEATH	\angle Registered Na. 6	0 (1(11)
M.E. CASE NO. 1, NAME OF DECEASED	CERTIFIC .		ND HOUR OF DEATH	
(Type or Pfint) 1 Al /	5 11 0 11 1			255
3. PLACE OF DEATH IN BALTIMORE MARYLAN	DARAC		ere deceased lived If inst	itution: residence before admission)
		A. STATE MA B. CDU	BALT,	- I the place
FULL NAME DF ()f not in hospital or insti	itution, give street	25 BRIA	2 1000	RUNC
HDSPITAL DR oddress or location) INSTITUTION		C. CITY OR TOWN (If or	utside city limits, write RU	RAL and give township)
10	11	CATONSU	ILLE	0370
BON SECOURS	NOSPITAL	D. STREET ADDRESS	rurol, give location)	2
		25 BRIA	RWOOD	ROAd.
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
r W		8-19-93	72	
10A, USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		DENNA		WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	AAF	
MC CLURE ON	LARLES	-		-6-0
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FRAN	CIS CAT	HERINE .
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of se	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		HOSPITAL	PELDAIS	
18.44.5/	CAUSE O	F DEATH	110001100	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	(1 1		ONSET AND DEATH
LEADING TO DEATH	(A) P.	inture of als	bruing conti	5 days
(This does not meon the mode of dying heart foilure, asthenia, etc. It means the d		Journal D.	11011611111	
injury or complication which coused death.		A la L	new your	
ANTECEDENT CAUSES	(B) H/T	Ceriosclerote	Ht. DEslave	years
DISEASES OR CONDITIONS, if ony,	giving			V
rise to the obove couse (A) statin			* 05 00 000 00 00 00 00 00 00 00 00 00 00	
UNDERLYING CONDITION lost.				
11				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	L COS WILLIGH ODGS TION	120 A A LUTO DOWN (V N	-1 20B to vec	
198. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUS	NDINGS CONSIDERED SES_OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTHEW IS A	an about 21 C WHERE DID	111111111111111111111111111111111111111	es
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	tit in Bollimor	City, give exact location)
U	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hou	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not Whi)		,	
22. I certify that (1) (this hospital) atte		0-1-1-1	19.66 to 2	1961
		, / / / / /		
that W (we) last saw the deceased aliv	6-11			an death accurred an the date
and haur and fram the causes stated ob	ave. (h) (We) (did) (did not) v	riew the bady after death.		· ·
23A SIGNATURE NOTON ROS	estes and			38, DATE SIGNED
No chilles ()	Phy	ending Med. Director	Stoff Phys.	2/1//66
23C. PHYSICIAN'S	10	23D. ADDRESS 0 +	1108 1/88	01711
MHOLAM DETA 1	UTTTQUIND.	ROW SECON	THE PURE	11672
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRI	MATORY 24D.	LOCATION (City,	town, or county) (State)
BEMOVAL (Specify) 2 /15-/11	MELDOLLO	015 /		2 11
DUKIAL 6/12/66	INEMOON KI	JGE A	IWARD CO	, IND.
mmin 4 / 1000 A = = 0	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	a coul	301 PREDERICE R
FEB 1 4 1966 @ O. 6 8	Stalken And Com	KVIACNAIS!	8 + 50N	11228
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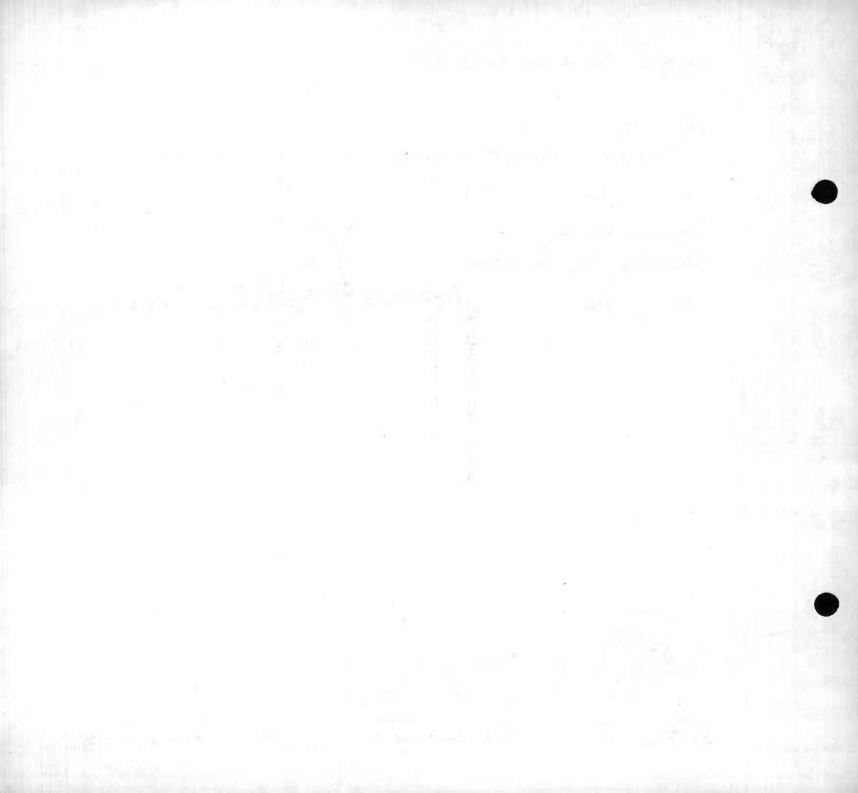


	CO 11517 BALTIMORE	CITY HEALTH DEPARTMENT	66 01517
	H NO. 66 01517 CERTIFIC	CATE OF DEATH	Registered No.
1. N	AME OF DECEASED	2. DATE AND	HOUR OF DEATH
(Ty	LACE OF DEATH IN BALTIMORE MARYLAND	ITGER 2-7	2-66 17:09 Pm
3.	LACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where d	2-66 7:09 Pm. eccased lived. If institution: residence before admission)
			26-01
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C CITY OF TOWN (If outside	e city limits, write RURAL and give township)
1	NSTITUTION	BNITIMOR	The role of the state of the st
1	MARYLAND GENERAL	BALTIMOR D. STREET ADDRESS (If ruro	l, give location)
	HOSPITAL		ILTON AVE
5. 5			AGE (In years If Under 1 Yr., If Under 24 Hrs.
	WIDOWED, DIVORCED (specif	MAY 4, 1879 lost	AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0.1	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU		country) 12, CITIZEN OF
	yduring most of working lite, even if retired)		WHAT COUNTRY?
4	CUSELLIFE	HUNGARY	OSH
13.	FATHER'S NAME	14. MOTHERS MAIDEN NAME	20
-	En laterale	sache	Therend
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	M7 INFORMANT	ADDRESS
(Ye	, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
	llo		
	18. 420.11 CAU	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	tate myoca	male a V
	LEADING TO DEATH	yourse, abdimin	manyon 3 hrs.
	(This does not mean the mode of dying, e.g., OUE TO heart failure, osthenia, etc. It means the disease,	motor L'	0
	injury or complication which caused deoth.)	-1-1-1-1-1	
	ANTECEDENT CAUSES (B) DUE TO)	
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stating the (C)		***************************************
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED N CERTIFYING CAUSES OF DEATH?
TIF	WAS PERFORMED	YES '	N CERTIFYING CAUSES OF DEATH?
CE	21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY home, form, foctory, stre	e.g., in or obout 21 C. WHERE DID et, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact tocation)
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, streetc.)	et, office bidg., INJURY OCCUR?	
U		215 11211 212	× OCCUPA
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED		T OCCUR!
<	(APPROX.) While At Not Work	While Work	
	22. I certify that (I) (this hespital) ottended the deceosed from.	Jan 191	-9 to 12 - 2 1966
	that (I) (we) lost saw the deceosed alive on Fet	WE // / /	in(my) (our) opinion death occurred on the date
		V	
	and hour and from the couses stated above. (I) (We) (did) (did r	ot) view the body ofter deoth.	23B, DATE SIGNED
	23A. SIGNATURE	Attending Med. Sto	
	hant & / willy M.D.	Phys. Director Ph	ys. 4-2-66
/	23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
		M.D.	
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	CREMATORY 240. LOC	ATION (City, town, or county) (Stote)
	REMOVAL (Specify)	/ N el	1 -dial # 1)
1	mus 21-66 sacred A	east fen	naw still room
25	A DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	to Trend Hand Sur
	FEB 14 1966 (. P. J. E. Farbund)	oack your	un funey som
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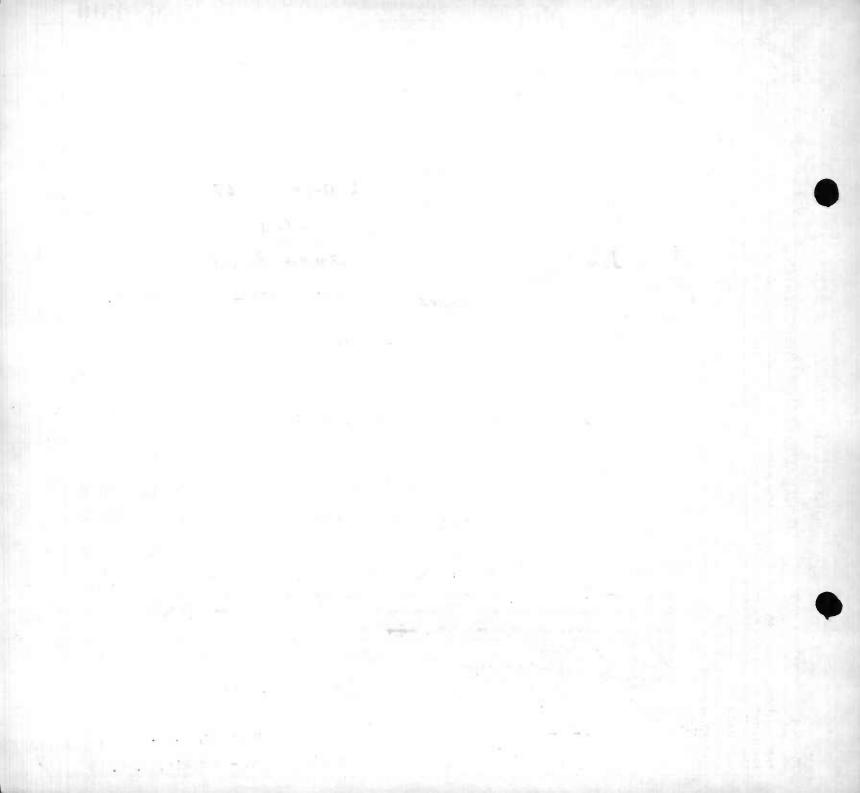
BALTIMORE CITY HEALTH DEPARTMENT

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	onio	err	4	605
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in c the body was released to the hospital by a medical examiner. Also, if the direct or contributing co	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause	was D.O.A. at a hospital (except where the physician who pronounced death was in regular atter	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior t
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FUNERAL DIRECTOR: IMPORTANT	d in); (44	no.
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1,1	E CASE NO.	EASED			2. DATE AND HOUR OF DEATH		
ЦУ	PLACE OF DEATH IN BALTIMORE, MARYLAND				4.15 PM 2-9-66		
3.					4. USUAL RESIDENCE (W	here deceased lived. I	If institution: residence before a
	FULL NAME C	Mule Hospital OF (If not in hospital	or institution of	imove			1.,
	HOSPITAL OR	oddress or location	n)	311001	C. CITY OR TOWN (IF	outside city limits, wri	1 y ite/RURAL ond give township)
1	1				D. STREET ADDRESS	City	15-10
1					D. STREET ADDRESS	If rural, five location)	
_					4021 Belle		
5.	SEX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost highday)	If Under 1 Yr. If Under Months Doys Hours
	F	N	Mar	ried	1 -17-98	67	
		UPATION (Give kind of work working life, even il retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
uoi	nonc	working the, even it remed)	none	2	North Card	linu	VS.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N		
	Banna	2, Jim			EMMA C	Roscos	
1.5.	Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	00710	ADDRESS
(Ye	s, no or unknown	(II yes, give wor or date	es of service)	SECURITY NO.		2 00 = 11	
	No			NONE	Gracie Powel	LI - 225 He	rring Ct.
	18. 4 2	2,11		CAUSE	OF DEATH		INTERVAL BETWO
	DISEA	SE OR CONDITION DIE	RECTLY	Λ	CCILL		
	(This does	nal meen the mode of	dvina ea	(A) A	SCVD		
	heart foilure,	asthenia, etc. II means					
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	hearl foilure, injury ar can	asthenia, etc. II means nplicotion which coused ANTECEDENT CAUSES	deoIh.)			/ 	
	heart foilure, injury ar can	asthenia, etc. II means in policotion which coused ANTECEDENT CAUSES OR CONDITIONS, if	deoth.) any, giving			<u>/ (</u>	
	heart foilure, injury ar can DISEASES (rise to the	asthenia, etc. II means nplicotion which coused ANTECEDENT CAUSES	deoth.) any, giving		EI. Hemorrhage	<u> </u>	
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If Under 24 Hrs.

USA.

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

23days

hospital

approved

and

hospital

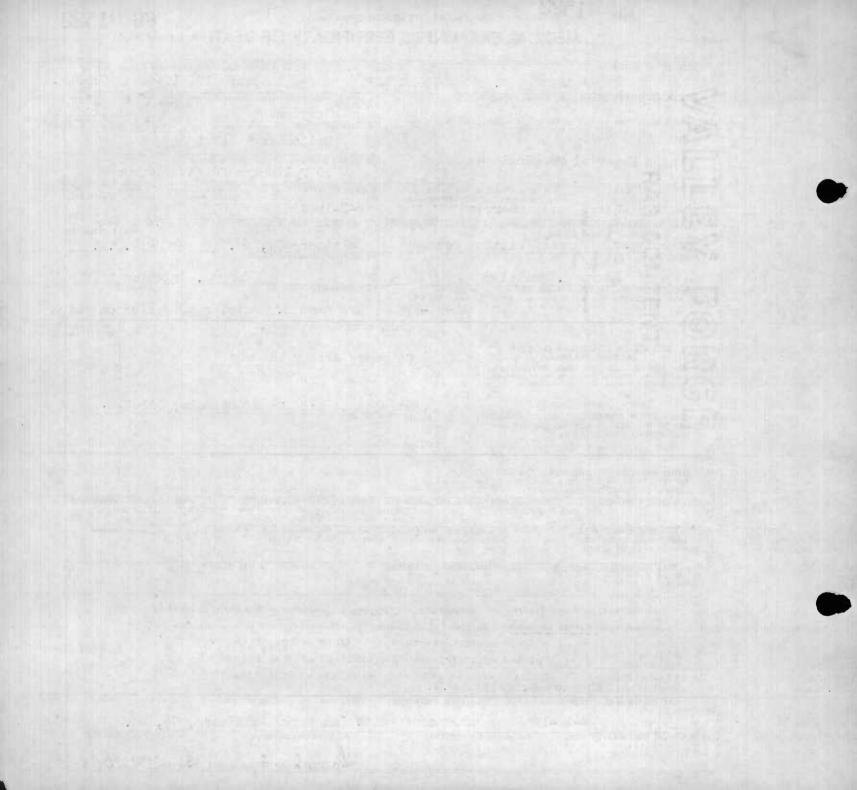
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66 01520 Registered Na. BIRTH NO. CERTIFICATE OF DEATH the ng cause of death cause; (5) Deceased M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 12'5 AM . 2.12.66 No UDSON death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A, STATE
B, COUNTY ance MARYLAND (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or location) (If autside city limits, write RURAL and give township. 0 INSTITUTION attend BALTIMORE. HOSPITAL OF MARYLAND. prior (If rural, give lacation) D. STREET ADDRESS 730- ASHBURTON ST. BALTIMORE MO. contributing HGTS LIBERTY Undetermined ar mad 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Manths: Days Hours 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specify) lost birthdoy regul WID 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? final disposition 2 done during most of working life, even if retired HOUSEWIFE OWENSbore, MAIDEN NAME MOS the 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war ar dates of service) Daisy death 6 6. SOCIAL SECURITY NO. attendance 0 ONE any 0 18. pronounce DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH ARDIOVASCULAR (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, regular injury or camplication which caused death.) ANTECEDENT CAUSES who DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION lost. the remains physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimare City, give exact lacotion) where å MEDICAL DEATH (natify medical examiner) nature; obtained 21 F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Year) (Haur) 21 E. INJURY OCCURRED 9 OF INJURY (except While At Not While I (APPROX.) Work At Work pup 1966 22. I certify that (1) (this hospital) attended the deceased fram 11: 19 66 and that in(my) (our) opinion death occurred on the date that (1) (we) last saw the deceased alive an.... death) hospital and hour and from the causes stated above. (1) (We) (Aid) (dld not) view the bady after death. must 23 B. DATE SIGNED 23A. SIGNATURE Attending [prior to written approval 0 23D. ADDRESS HOSPITAL LUTHERAN 23 C. PHYSICIAN'S at NAME (Type) · ASHBURTON ST. BALTIMORE M.D. O.A. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE (City, town, ar county) deceased REMOVAL (Specify) Was 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 1966 VS 150-REV. 1/1/65

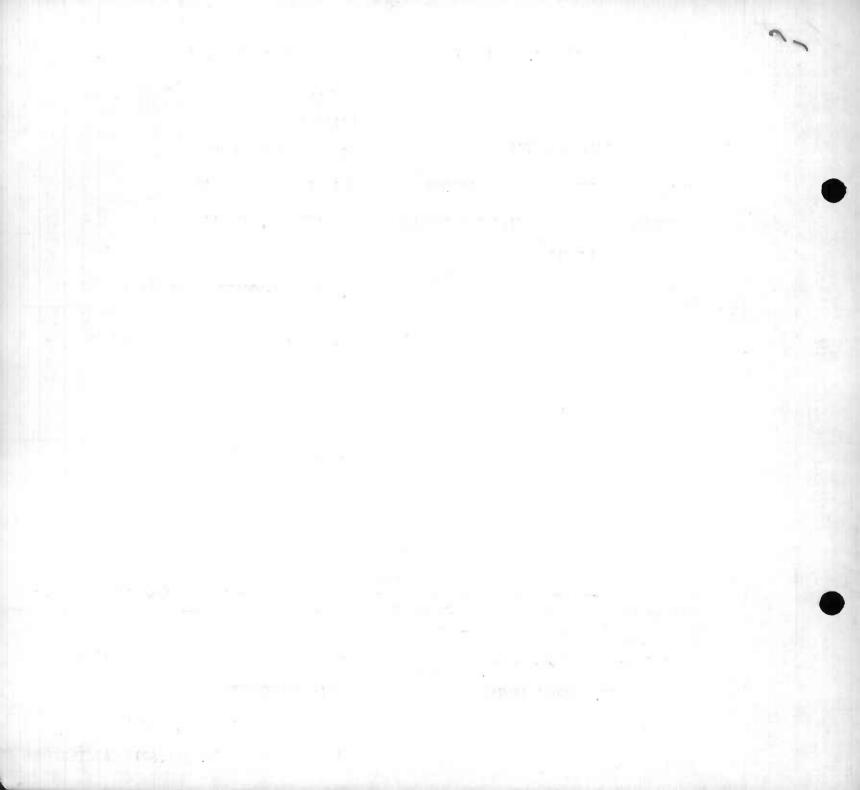
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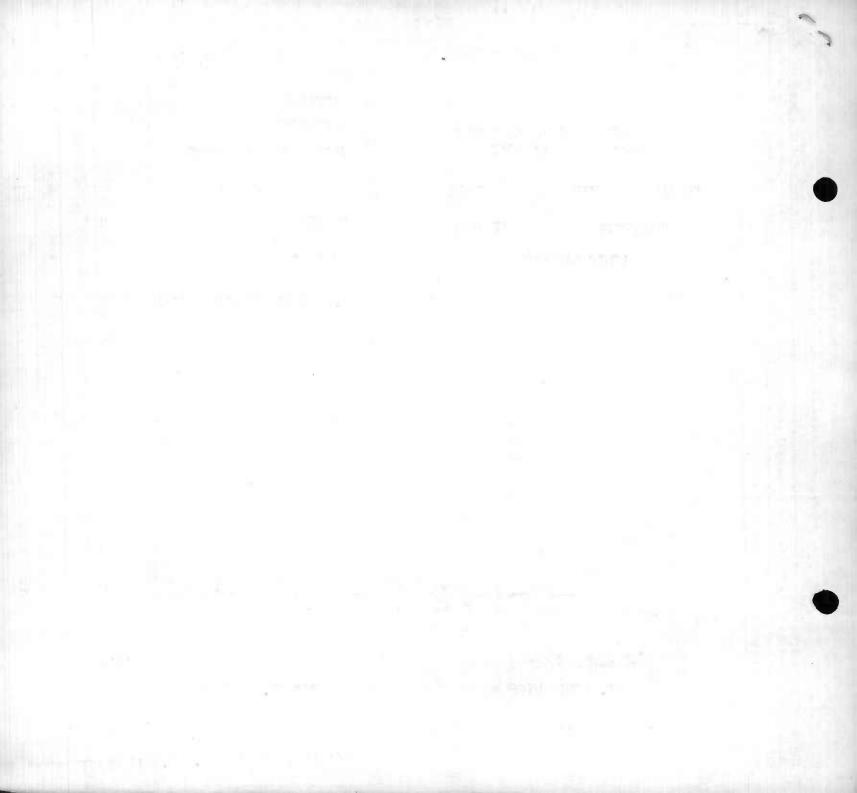
BIRT	TH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICA	TE OF	DEATH Register	ed Na
_	E. CASE NO.							
1. I	Pe or Print)						D HOUR PRONOUNCE	
		CHARLES	н.	HEUISL			uary 10, 196	/VI.
		TIMORE, MARYLAND, WI			4. USUAL RESI A. STATE Mai	cyland	deceased lived. If instit	Baltimore
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	TION)	HON, GIVE SIKEEL				RURAL and give township)
1143	11011014				Ва.	ltimore	- Rural	5300
4	Union	Memorial Hos	pital		D. STREET ADI		on Heights A	venue
5. S	ale	6. RACE White		NEVER MARRIED	8. DATE OF BIR		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
				BUSINESS OR INDUSTRY			59	12. CITIZEN OF
	e during most of	working life, even if retired)	10%					WHAT COUNTRY?
13.1	Sterot		rinti	ng Company	Baltimo	ore Co,	Md.	U.S.A.
		Harry C. H	euisler				Mary A. Kric	hton
		D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT		,	ADDRESS
ties	No	(If yes, give wor or dote:	s or service	214-03 0 7929	Mrs Ann	na B. He	uisler 30 Fu	llerton Heigh
	1B. L	Dil		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DIE	RECTLY					
	(This does	LEADING TO DEATH	duina an		nary Arte	ery Thro	mbosis	
	heort foilure	not meon the mode of , osthenio, etc. It meons mplication which caused (the disease.	DUE TO				
	injuly of col	impiredian which cousts t	30011125					
		ANTECENDENT CAUSES Arteriosclerotic Cardiovascular Disease.						isease.
	RISE TO TH	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE						
7	UNDERLYING CONDITION LAST.							
Q								
ERTIFICATION	TO THE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
RTI		R CONDITION CAUSING		WHICH OPERATION	200 AUTORS	V2 (Vas at Na)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
CE	2	WAS PER!		WHICH OFERATION	Ye		IN CERTIFYING CAUS	
AL	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?			
E		OR CONTRIB-	home, etc.)	, form, foctory, street, o	ffice bldg., INJUI	RY OCCUR?		
	OF INJURY (APPROX.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE							
	m. WORK							
	1 certify that I held an Inquiry Inspection Autapsy and that on this basis, death in my apinion							
	resul	ted fram: Natural cau	ISES [X] A	ccident Suicid			Undetermined manne	r 🗀
	ACTUAL	1	, (1.		MEDICAL EX		DATE SIGNED
	SIGNAT		giles!	Telly M.D.	ASSISTANT I			2/10/66
	EXAMIN NAME (Type) Charles	S. Pett	y, M.D.	ASSOCIATE	MEDICAL E	XAMINER	2/10/00
	NOVAL (Specif	y)		C. NAME of CEMETERY o	G			town, or county) (Stote)
244	Burial	2-12-1		Gardens of Fa		RAL DIRECTOR	ltimore, Co,	ADDRESS ()
	FEB 14	1966 Q Q. S	14	And the second	1	0 7		DINIBIDE D
VS	151-REV. 1/1/	65	1 0	1 (1)	Undoo	aling the	men Home	1901 David Marion



VS 150-REV. 1/1/65

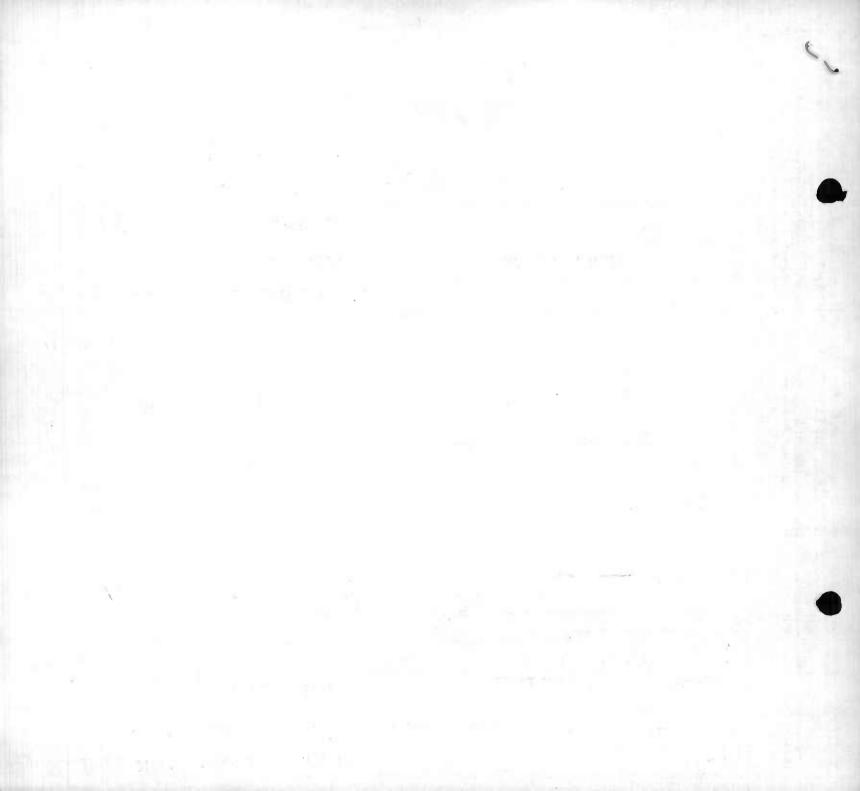


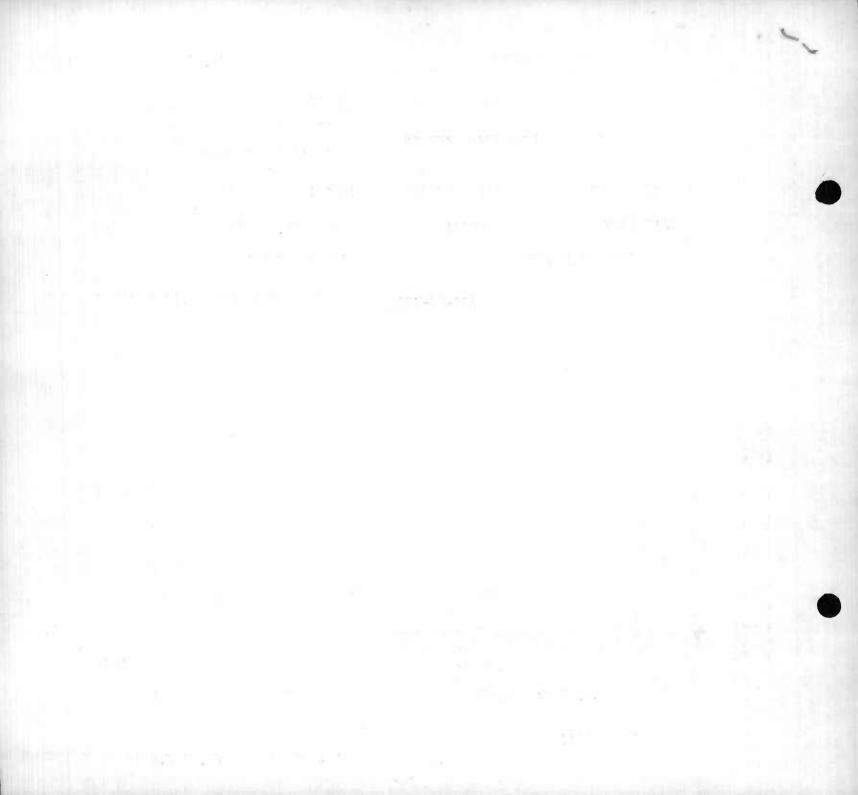
FUNERAL DIRECTOR:



DIRECTOR:

FUNERAL





BIRTH NO.

70

VS 150-REV. 1/1/65

M.E. CASE NO. I. NAME OF DECEASED

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na._ 2. DATE AND HOUR OF DEATH 2-8-66 1:00 A.M. 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
A. STATE
B. COUNTY (It outside city limits, write RURAL and give township) If Under 1 Yi., If Under 24 His. Months Days 12. CITIZEN OF WHAT COUNTRY? UNKNOWN - MD, OR N, Y, ? CARRIE 1200 VA LITTLE SISTERS OF THEYOOR ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Boltimore City, give exact location) 1966. and that in(my) (aur) apinian death occurred an the date 23B. DATE SIGNED

Tall and and the T 1. 1.2 2.0 Low traver - Gently Consensely

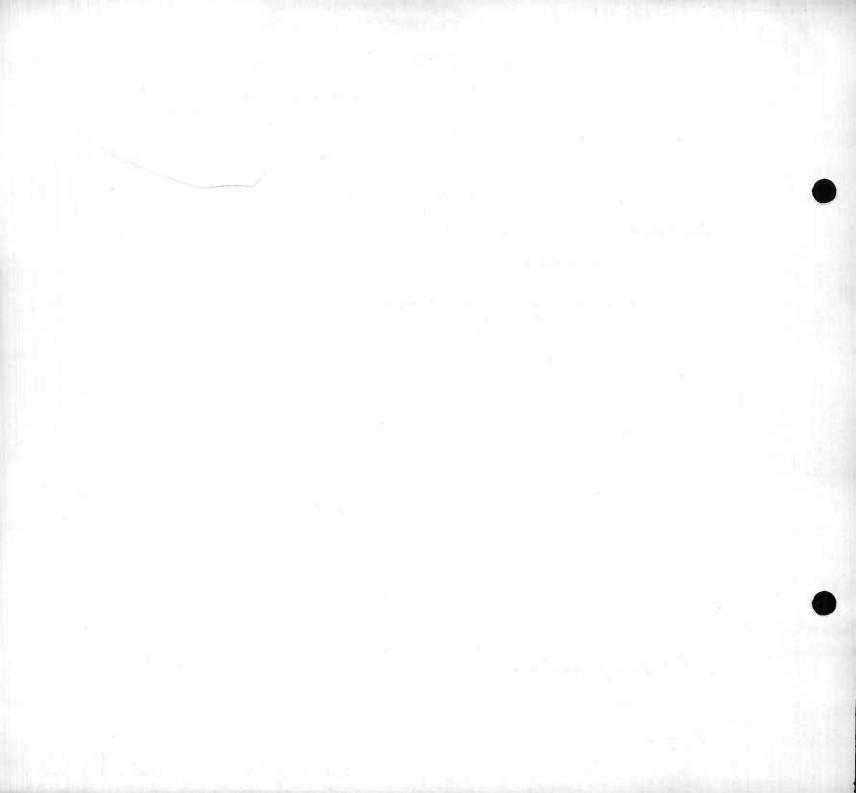
March march 10 2 x (2 1) 2 x 2 1 2) 15 Honly (moude) 3- 13.55

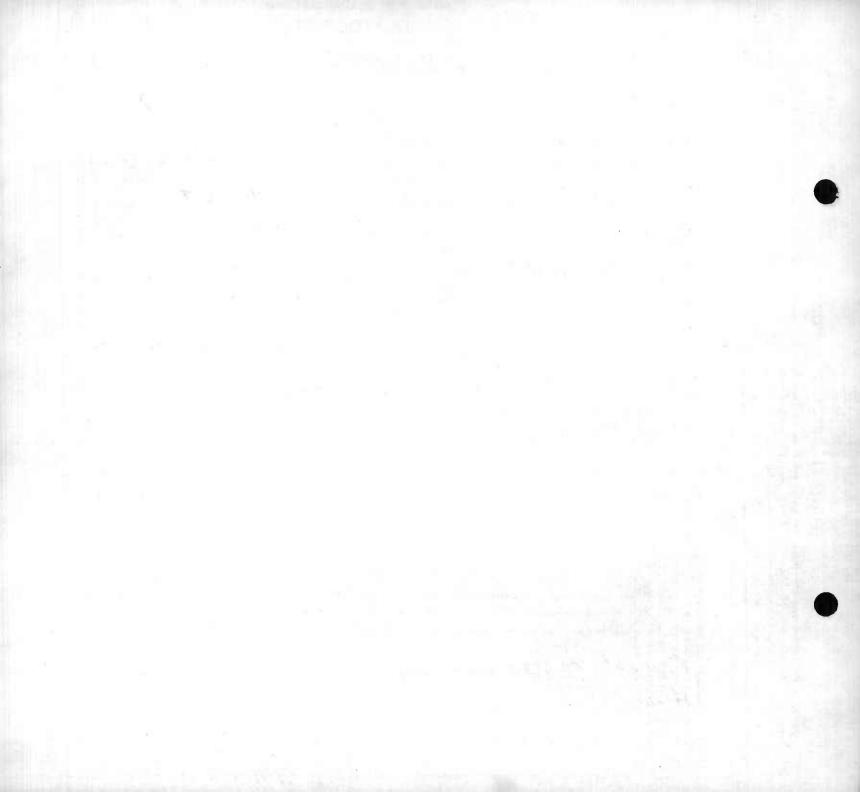
1/2	66 01529 BALTIMORE CITY HEAL							
W 252		ERTIFICATE OF DEATH Registered No.						
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD						
	Joseph Wojnowski	February 12, 1966 10:45 P. M.						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived, If institution: lesidence before admission) A. STATE B. COUNTY						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township)						
	INSTITUTION	Baltimore 60						
3	Johns Hopkins Hospital	D. STREET ADDRESS (If ruiol, give locotion) 443 N. Lakewood Ave.						
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.						
	Male White MARRIED	Aug.11, 1913 52						
	done during most of working life, oven if rotirod) ELECTRICIAN TOTAL STATE OF BUSINESS OR INDUSTRY BY THE CO.	WHAT COUNTRY?						
	13. FATHER'S NAME	SCOTLAND U.S.A.						
	PETER PAUL WOJNOWSKI	KATHERINE						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yos, give wor or dotos of service) SECURITY NO.	17. INFORMANT ADDRESS . LAKEWOOD						
	NO 213-01-4481	HELEN WOLNOWSKI BALTO MDZ1224						
	I 18. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cran	io-cerebral injury.						
	(This does not moon the modo of dying, e.g., hoort foilure, ostheria, etc., it means the disease,							
	injury or complication which coused death.)							
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO							
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
	Z (C)							
	S OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	DISEASE OR CONDITION CAUSING IT.							
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.,	Yes in or obout 21C. WHERE DID (If in Boltimoro City, give exact lacotion)						
	UNDERLYING OR CONTRIB-	ибоо ыdg., INJURY OCCUR? 443 N. Lakewood Ave.						
4.4	21D TIME (Month) (Day) (Your) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?						
	(APPROX.) Febr. 12,1966 10:15 WHILE AT NOT WORK	WHILE Fell from steps						
	I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion							
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner							
	ACTUAL WILLIAM STORM	CHIEF MEDICAL EXAMINER DATE SIGNED						
	SIGNATURE M.D.							
	EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER						
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	r CREMATORY 23D. LOCATION (City, town, or county) (Stote)						
	BURIAL 2-17-66 HOLY ROSAF							
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR D. 2007 EASTERN AVE.						
		Wm. Lialkowski BALTO. MD. 21231						
	VS 151-REV. 1/1/65							

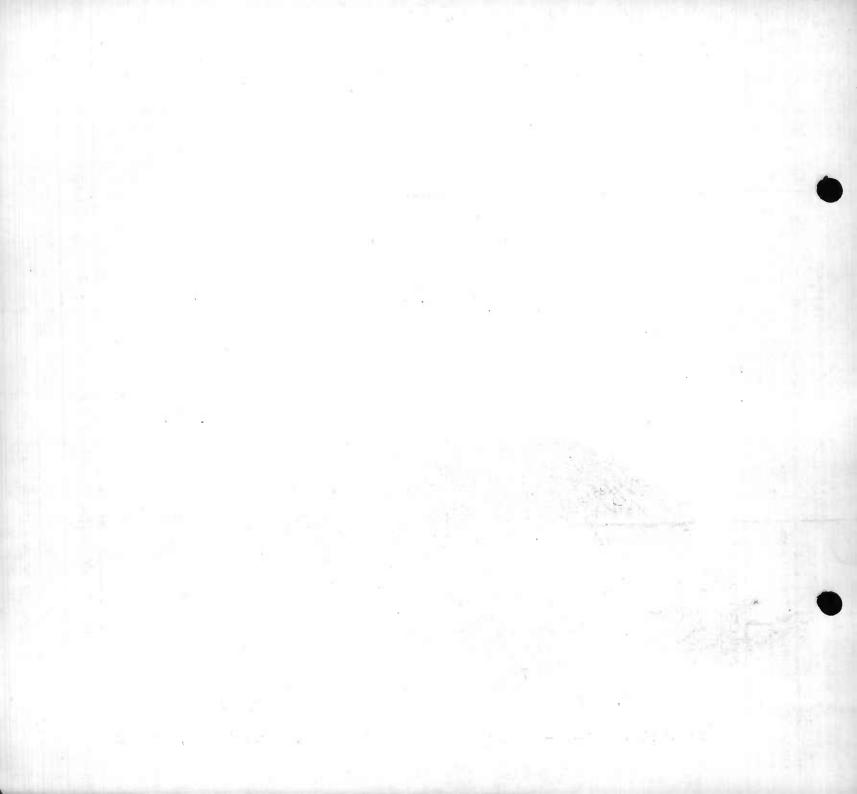
SUBJAL I-II-Ne Hely ROSHRY CEM DAING CO.

DIRECTOR:

FUNERAL





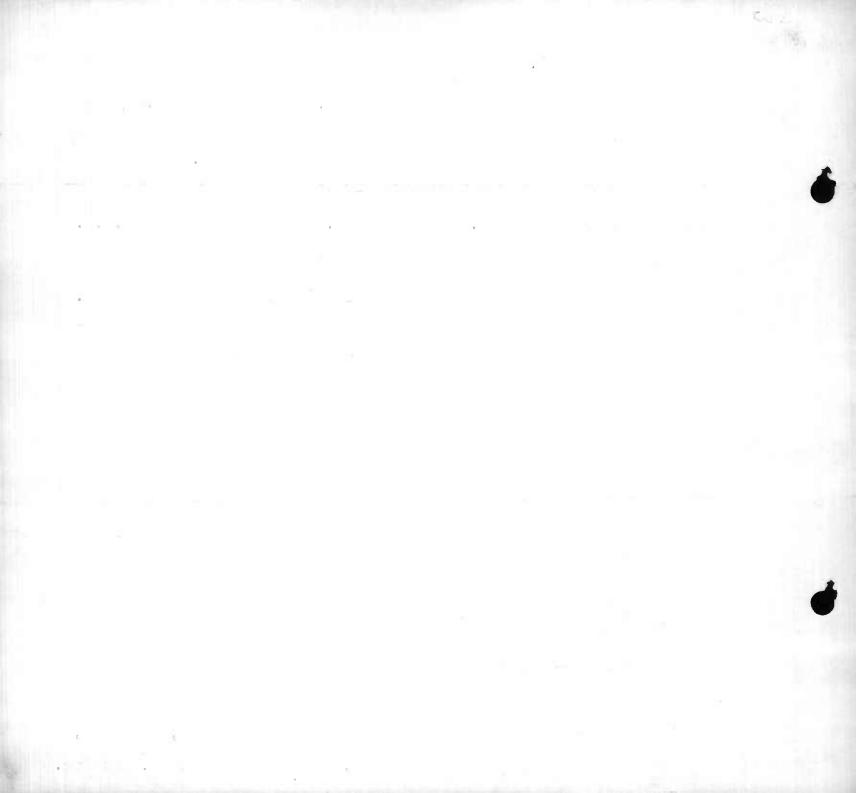


63.352	(3.1)	ITY HEALTH DEPARTMENT	Registered No. 66 U1533
BIRTH NO. M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)	CERTIFIC	CATE OF DEATH	Registered No.
I. NAME OF DECEASED	awrence Trinles	Februs	ay 11, 1966 at 6 55
3. PLACE OF DEATH IN BALTIMO	RE, MARYLAND	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	ecoded lived. If institution: residence before admiss
HOSPITAL OR oddress o			Road, Sult. Md, 2/2 city limits, write RURAL and give township)
University	Hospital		Baltz
Green Street	Hospital Bultemne !	D. STREET ADDRESS (If rurol,	, give location)
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 12-14-63 P. A lost	GE (In years If Under 1 Yr. If Under 24 Months Days Hours Mi
	d of work 108, KIND OF BUSINESS OR INDUS		country) 12. CITIZEN OF WHAT COUNTRY?
one during most of working lile, even if	refired)	Baltimore M	d USA
3. FATHER'S NAME	nks	14. MOTHER'S MAIDEN NAME TOGA Conno	1/2/
Henry / rir		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wo	r ar dates of service) OSECURITY NO.		1910 Neville Rol Ba) to 22,
1B. 7 4 1	6 1 415	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITI		Congenital he	ent
(This does not mean the man heart failure, osthenia, etc. II	node of dying, OF TO DUE TO		<i></i>
injury or complication which	coused death & da	disease 1.	· Prisa
DISEASES OR CONDITION	C SO TE DUE TO	Hear of a	
rise to the above cous	e (V) statistic life (C)	·	
II	051.		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA	T RELATED TO THE		
DISEASE OF CONDITION CA	USING IT. PB. CONDITION FOR WHICH OPERATION AS PERFORMED	20A. AUTOPSY? (Yes or No) 20	DB. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION W		g., in or about 21 C. WHERE DID	(If in Baltimare City, give exact location)
OR CONTRIBUTING CAUSE DEATH (notify medical examine	OF home, farm, factory, stree	affice bldg., INJURY OCCUR?	ti iii bullindre City, give exact lacaliani
21 D. TIME (Month) (Doy) OF INJURY	(Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?
S OF INJURY (APPROX.)	While At Not Not At N	ok /	2 1.11
	ospital) attended the deceased from		10 196
that (I) (we) lost sow the			n(my) (our) opinion deoth occurred on the
23A. SIGNATURE	ses stated obave. (I) (We) (did) (did no	t) view the bady offer deoth.	23 B. DATE SIGNED
Mortiga	Sasali M) M.D.	Attending Med. Stof Phys. Director Phy	
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Morte	za sarsarr, Mn	O. University Hosp	o, tal
24A. BURIAL CREMATION, REMOVAL (Specify)			ATION (City, town, or county) (St
Buria 2/1		25C. FUNERAL DIRECTOR	timore Md
FEB 14 19	66 Charles E. Jahren	a milville	Jenkins 2713 KIRK AV
VS 150-REV. 1/1/65		0	1



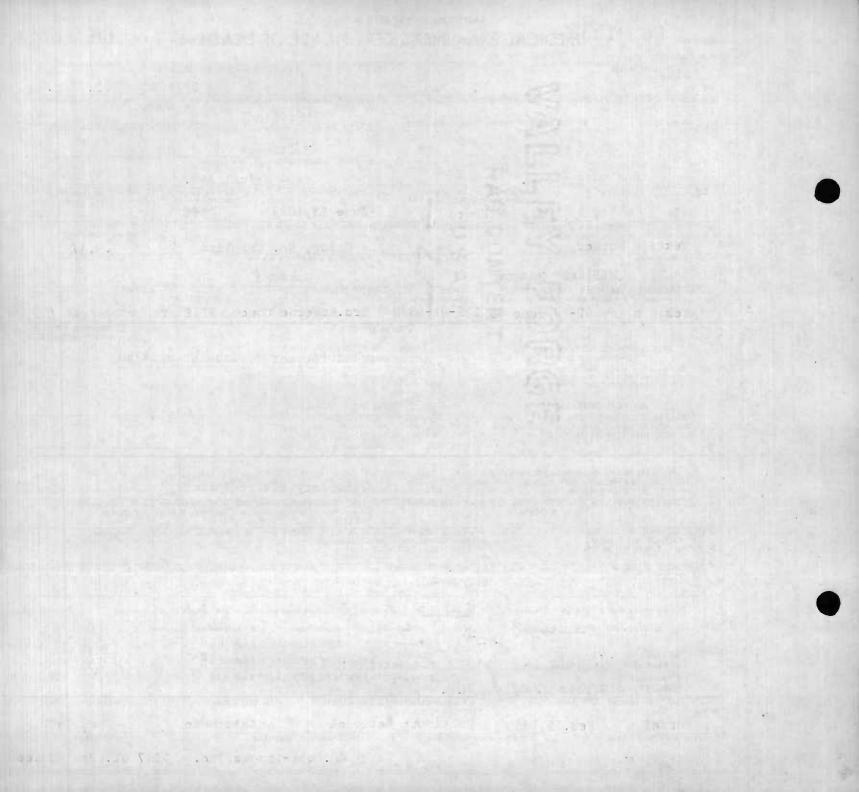
DIRECTOR:

FUNERAL



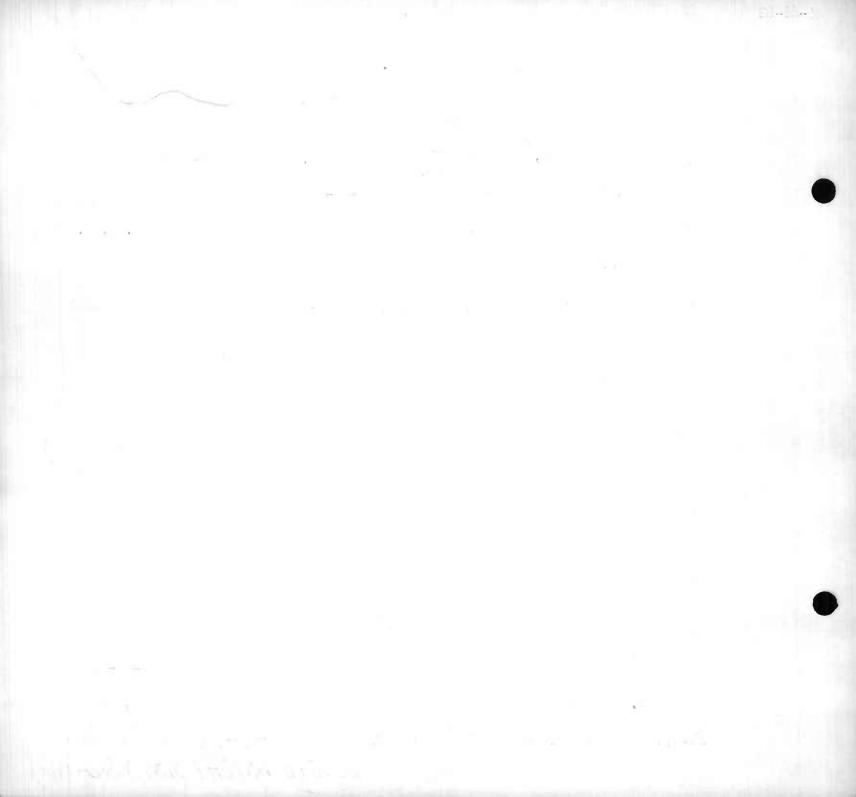
1	6.7	BALTIMORE CITY HEALTH DEPARTMENT		- A PE 43
	BIRTH NO. 66	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	66	1153
_	AA E CACE NO			

-	E CASE NO.								
1. NAME OF DECEASED					2. DATE AND HOUR PRONOUNCED DEAD				
George W. Mangum					2/7/66 2:30 p. _N				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceased lived, If institution: residence belore admission B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				Maryland C. CITY OR TOWN (II outside carporate limits, write RURAL and give township)					
					Baltimore 28-04				
1		60/ TT-1 A							
5. 5		604 Walnut A		NEVER MARRIED	B. DATE OF BIRT		Inut Ave.	If Under 1 Yr. If Under 24 Hrs.	
J	,	o. KAGL		DIVORCED(specify)			last birthdoy	Months Doys Hours Min.	
	male	white		dowed	June 23,		66		
		IPATION (Give kind of wor rarking life, even if retired)	KIOB KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
		e Worker			Union,	So. Ca	arolina	U.S.A.	
13.	FATHER'S NAM	E			Union,	AIDEN NAM	E		
		William :	Mangum		τ	Jnknowń			
		DEVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT			ADDRESS	
(Ye		11f yes, give war or dote 6 Nov 42- 9		225-01-6398	Mrs Talle	rne Cor	1ch 5212 P	rookwood Road (25)	
-	18.	0 NOV 42- 9	June 45		OF DEATH	ine ood	ich Jaia B	INTERVAL BETWEEN	
	420	14 1000	and.	CAUSE	OF DEATH			ONSET AND DEATH	
	DISEAS	E OR CONDITION DE		Artori	oscloroti	cordi	ovaccular d	icaned	
	(This does n			DUE TO	oscieroci	cardio	ovascular d	156456	
	(This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	A	NTECENDENT CAUSI	ES						
-	DISEASES O	DISEASES OR CONDITIONS, IF ANY, GIVING DIE TO							
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
Z				(C)			***************************************	******************	
은		11							
\5		NIFICANT CONDITIONS DEATH BUT NOT RE					TOTAL TOTAL TO	THE PARTY OF THE P	
뜬		CONDITION CAUSING		FT L	Pulmona	ry tube	rculosis		
CERTIFICATION	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?	
1	21 A. EXTERNAL	CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID	(If in Baltimare City, g	give exact lacation)	
MEDIC	UNDERLYING UTING CAU		hame etc.)	, farm, factory, street, o	office bldg., INJUR	OCCUR?			
Σ	21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJU	URY OCCUR?		
	OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK								
	22. I cert	ify that I held on I	nquiry 🗌	Inspection X Au	ropsy on	d that on th	is bosis, deoth In	my opinion	
	resul	ted from: Natural ca	uses X	Accident Sulcid	e Homici	íde 🗌 📗	Undetermined monr	ner 🗌	
		CHIEF MEDICAL EXAMINER							
		ACTUAL LIA						DATE SIGNED	
	SIGNATI	// V	1	M.D	ASSISTANT M			2/8/66	
		Type) Werner U	. Spitz	, M.D.	ASSOCIATE N	EDICAL E	XAMINEK		
	MOVAL (Specify		23	C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City	y, tawn, ar caunty) (State)	
	Burial	Feb.15	.1966	Baltimore Na	ational	I	Baltimore	Maryland	
24	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS	
					Wm . Co	ok-Broo	oks, Inc.	1217 St. Paul Stree	
				1 1 1	77.11.000	- C3	, , , , , , , , , , , , , , , , , , , ,		
VS	151-REV. 1/1/6	65		2 0 0		. 1 6			



DIRECTOR:

FUNERAL



Ho	230	BALTIMORE CIT	Y HEALTH DEPARTMENT	/	00 01500
BIRTH NO.	66 01538	CERTIFICA	ATE OF DEATH	Registered No	66 01333
M.E. CASE NO. 1. NAME OF DEC Type or Print)	Mary E.	Hackett	2. DATE 1	NO HOUR OF DEATH	530 P
FULL NAME OF	OF (If not in hospital address or location	or institution, give street	Md.	NTY	Balta
Mar	yland	1	Bolto. 212		URAL and give township)
Gené	ral Hospita		7 Broads	hip Rd	
Female	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	2 28 77	9. AGE (In years last birthdoy)	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
	UPATION (Give kind of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA		LY	Sarah V	1. Smott	
5. Was Deceosed Yes, na or unknaw	d Ever in U. S. Armed Far n) (II yes, give war ar date	ces? 16. SOCIAL SECURITY NO. 346-12-1300	17. INFORMANT COME	Md.Ge	neral Hospita
DISEA	SE OR CONDITION DIL		OF DEATH NEYALIZE AY	terios lero	INTERVAL BETWEEN ONSET AND DEATH
hearf lailure,	nal ^{To} mean the made of asthenia, etc. If means mplication which caused	dying, e.g., DUE TO	icystract		
rise la lh	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	DUE TO any, giving			
OTHER SIGN TO THE DISEASE OR	III IIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE			
		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF wedical exominer	218, PLACE OF INJURY (e.g., hame, larm, lactory, street, etc.)	in or obaut 21 C. WHERE DID affice bldg., INJURY OCCUR?	(II in Baltimare	City, give exact location)
21 D. TIME OF INJURY (A PPROX.)	(Manth) (Day) (Year)	(Haur) 21E. INJURY OCCURRED While At		JURY OCCUR?	
	that (1) this hospital) ottended the deceosed from	11	19 66 to (our) opin	2 (8 19 66
ond hour on		red obove (I) (We) (did) (did not)	ttending Med.	Stoff	23B, DATE SIGNED 66
23 C. PHYSICIA NAME (M.D	23 D. ADDRESS	Phys	
BUHIAL CREMOVAL	(Specify) 7/11/6	6 Cohshury.	Re	L'ANCE	y, tawn, ar caunty) (State)
5A. DATE REC'E	B 14 1966 Q	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTO	Warby 5	Seafard Dol.
\$ 150-REV. 1/1/	65				7 11 7

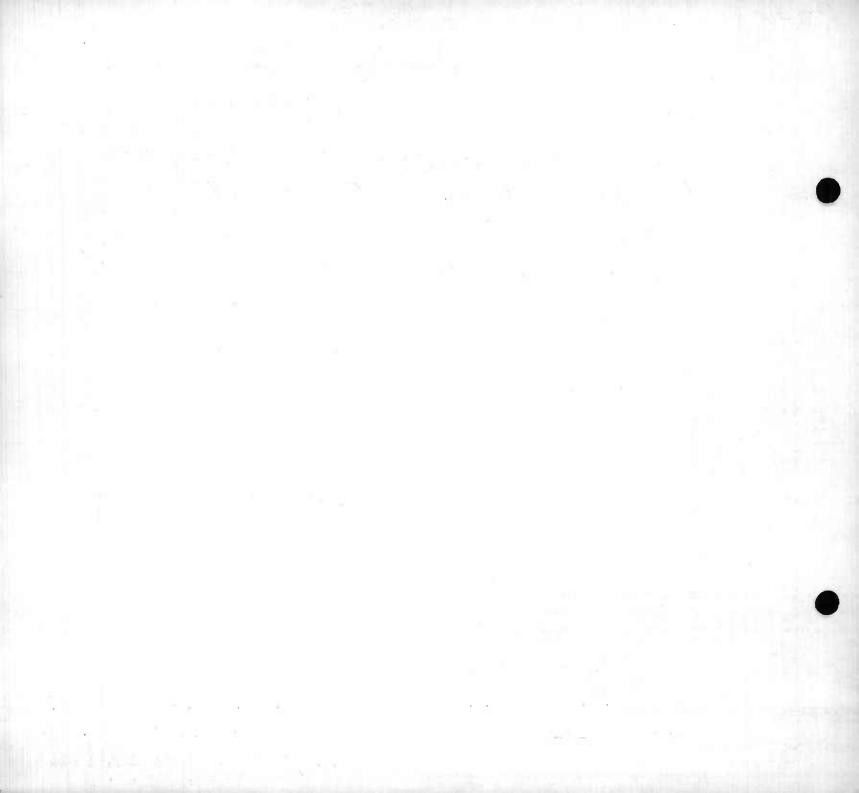
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FUNERAL DIRECTOR:

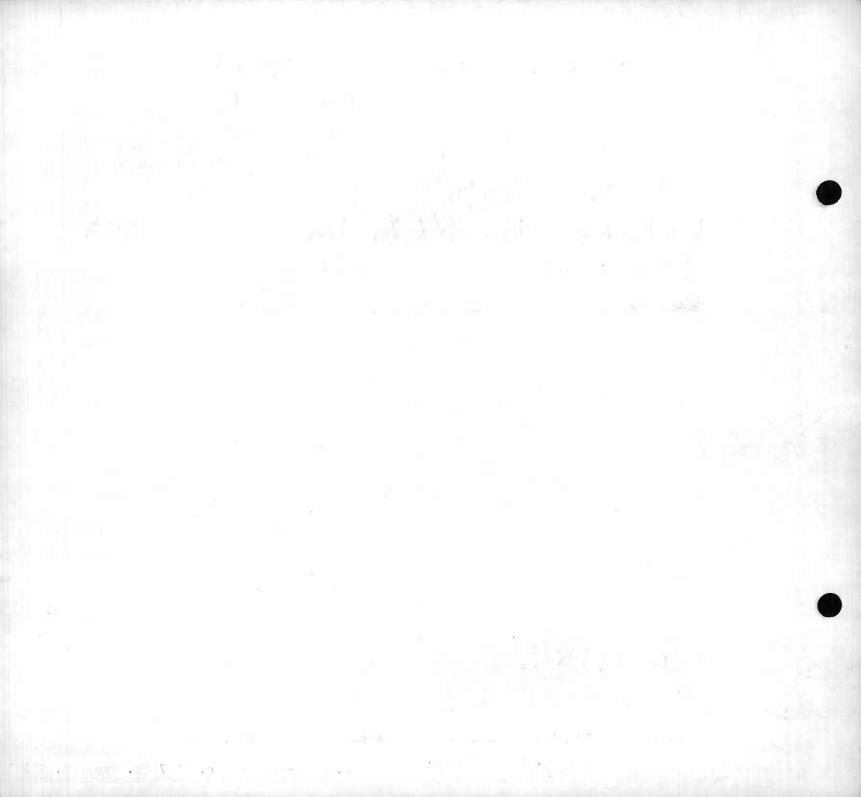


BETH NO. 66 U1540	BALTIMORE CITY HEALTH DEPARTMENT		66 01540
BIRTH NO. OO OTOTO	CERTIFICATE OF DEATH	Registered No.	00 1710117
NAME OF DECEASED	6AN 2	AND HOUR OF DEATH	6110 P.
FULL NAME DF (If not in hospital or institution, give HOSPITAL DR address or location)	street MD.	Vitere declared lived. It institut UNTY outside city limits, write RURA	11-0
UNIVERSITY OF 1	D. STREET ADDRESS	(If rural, give location) ALVER	7 ST
5. SEX 6. RACE 7. MARRIED, (NE WIDOWED, TE	VER MARRIED B. DATE OF BIRTH		Under 1 Yr. If Under 24 Honths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUdone during most of working life, even if retired)	114. MOTHER'S MAIDEN N		CITIZEN OF WHAT COUNTRY?
DONALD ARENT	1	MAGNUSS	6 A)
(Yes, no or unknown) (It yes, give wor or dates of service)	DONALD A	PENTA 103	3 6. CALVER
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	1/6/20	INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DISEASE		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	CH OPERATION 20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID form, foctory, street, office bldg., INJURY OCCUR?	(If in Baltimare Cit	y, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN While Work		INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the that (I) (we) lost saw the deceased alive an	719	19 to to that in (my) (our) opinion	19 64
ond hour and fram the couses stated above. (I) (B. DATE SIGNED
	M.D. Attending Med. Director	Phys.	3/7/66
23C: PHYSICIANS NAME (Type)	M.D.	acreste !	Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	M.D. 23D. ADDRESS	LOCATION City, I	

didenti Vita anne .

FUNERAL DIRECTOR: IMPORTANT

11540	BALTIMORE CITY	HEALTH DEPARTMENT		CC OTEXT
BIRTH NO.Y 3 66 U1541	CERTIFICA	TE OF DEATH	Registered Na.	66 01541
M.E. CASE NO. 1, NAME OF DECEASED	11		De HOUR OF DEATH	0 /1/1
Type or Print)		10/11	111	1/2/4
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D I I I I I I I I I I I I I I I I I I I	4. USUAL RESIDENCE (Who	de deceased lived. If in	stitution: residence before admission
		A. STATE B. COUN	ITY	2 22
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	tution, give street	C. CITY OR TOWN (If ou		2-0 >
INSTITUTION		C. CIII ON TOTAL	rside city limits, write	RURAL and give township)
Maryland Genera	HASD	D. STREET ADDRESS (II	rurol, give locotion)	6
Man Janoor General	1 11001	(3)03	1000010	3/
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
	DOWED, DIVORCED (specify)	1/2/15	lost birthdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KI	IND OF BUSINESS OF INDUSTRY	11. BIRTHPEACE (State or fore	ign country)	12, CITIZEN OF
done during most of working life, even if retired)	> 1/// 1 -1	lad		WHAT COUNTRY?
Orthender 1	DAY MORCHY LY	11/A23,		(137)
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	11
taliend (0) mi	mill	NANGAN	est ()1)	ONNELL
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	17. INFORMANT	A	ADDRESS
There we out	A12 00 163	7 /2000/1	manuate.	B 16 50000
118.	CAUSE O	F DEATH	UN TUNE !	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	ALU	RULAN CER	c care	LNOMA
(This does not meon the made of dying,		RALATION M		
heart foilure, asthenia, etc. It means the di injury ar camplication which caused death.		MOCHIENA		
ANTECEDENT CAUSES	(B)		*****************************	
DISEASES OR CONDITIONS, if any,	DUE TO			
iise to the above couse (A) stating			***************************************	······································
UNDERLYING CONDITION Iosi.				
Z OTHER SIGNIFICANT CONDITIONS CONTRI	PLITING			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TO THE			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORME	D	YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Bollimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?		
U	A COS INCLUSION OF CHIERD	215 110 11 212 1111		
S OF INJURY	t) 21E. INJURY OCCURRED While At Not Whil	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	Work Al Work	`L,		
22. I certify that (1) (this hospital) atter	nded the deceased from,	11.7	19 6 to	2/11/19/16
that (1).(we) last saw the deceased aliv	e on 2/10	19 (26 ond th	at in(my) (aur) opi	niun deoth occurred on the d
and hour and from the couses stoted abo	dva. (H(Wa) (did) (did mort)			
23A. SIGNATURE	7 - 3 - 3 - 7 (- 1 - 2 (- 1 - 7 (- 1 - 7 (- 1 - 2 (- 2 (- 1 - 2 (- 1 - 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2 (- 2	The body effer decime		23B. DATE SIGNED
Caroll-To To	M.D. Atte	ending Med.	Stoff V	1 1.
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	2/11/66
NAME (Type)		MA /	0	1.11
	ERS M.D.	MARYAND (C	DENERAL A	togital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	EMATORY / 24D, L	OCATION (C)	ty, town, or county) (Stole
Burial 2/15/66	Prospect Hill Co	emetery Tow	son, Maryla	nd
	AME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
FEB 14 1966 @ OL &	E StanberMA	Wm. Cook-Broo	ks Inc. 121	7 St. Paul St. 21
/S 150-REV. 1/1/65				, ,



FUNERAL DIRECTOR: IMPORTANT

				BALTIMORE CIT				66 01542
BIRTH NO. M.E. CASE	NO. 66	01542		CERTIFICA	ATE OF	DEATH	Registered No.	
I. NAME	OF DECEASED	Maga	0 . 7	1 1 : 00 0/	0611		ID HOUR OF DEATH	
(Type or Pr	1017	rang	unel	Lind.	say	2.	10.66	9.40
3. PLACE	OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL R	B. COUN	re deceased lived. Il i	nstitution: residence before admi
FILL N	AME OF	It not in hospital	or institution	nue etrapt	/	Maryla		1500
HOSPITA	AL OR	oddress or location		give street	C. CITY OR	TOWN (II ou	tside city limits, write	RURAL and give township)
1131110	1				E	allin	are	
6 1	ull	ercon	Hary		D. STREET A		rurol, give lacotion)	4
					270	2 W-	estwood	ave.
5. SEX	6. RAC	E		NEVER MARRIED	B. DATE OF		9. AGE (In years	II Under 1 Yr. II Under 2. Months: Doys Hours A
F		(MIDOWED	, DIVORCED (specify)	7.2	0.99	lost birthday y.	Widnins Doys Hours
			108. KIND OF	BUSINESS OR INDUSTR		CE (State or fore	The state of the s	12. CITIZEN OF
dane during	4.1	ile, even if retired)	1.		RA	11 1	nd.	WHAT COUNTRY?
13 FATHER	RS NAME	wife	hor	Me.	14 MOTHER	S MAIDEN NA	101.	45A.
D	1 +	. 0			A. MOTHER	AN MECHANIC.	TVIE	
K	ChAV	-d 6	00004	2 .	MAY	gare t		
5. Wos De	eceased Ever in	U. S. Armed Far give war ar date	ces? s at service)	1 6. SOCIAL SECURITY NO.	17. INFORM	ANT		ADDRESS
				212-01 Mary	GATE	11 Fich	r 2702	L Westwood Ar
1B. /	100	7)1		CAUSE	OF DEATH	14 113 112	0-10	INTERVAL BETWEEN
7	DISEASE OF	CONDITION DIS	RECTLY		7. "			ONSET AND DEAT
		NG TO DEATH			Pulan	100000	Q alanda	
		n the mode of		DUE TO	1	- a vicos y		
		a, etc. II means n which caused			0	/		
mory				(8)	Cong	entine	ho . 11	1
		EDENT CAUSES		DUE TO	7		the second	weter.
		NDITIONS, if		10 00	Tonia	811. 7	i hand	dilure
	ERLYING CON				Charles Survey S	J. Ser Constant	W. K. S.	and the said of th
		-11						
OTHE	R SIGNIFICANT	CONDITIONS C	ONTRIBUTING	3	_			
A DISEA		TION CAUSING						
U 19A.D	ATE OF OPERA	TION 198. CON		VHICH OPERATION	20 A. AUT	OPSY? (Yes or No	10 CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
STIFE STIFE		7773				yes		
OR CO	CCIDENT WAS	CAUSE OF	21 B.	PLACE OF INJURY (e.g., e, form, factory, street,	in ar about 21 C	URY OCCUR?	(If in Baltimo	re City, give exact lacotion)
	1 (natify medica		etc.)					
□ 21 D. TI) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F	HOW DID INJ	URY OCCUR?	
E OF IN				le At Nat Wh				
			War					
								19.6
thot (1) (we) lost s	ow the decease	d olive on	2.10	196	ond th	ot in (my) (our) op	inion death occurred on th
) (We) (did) (did not)				
		000						23B, DATE SIGNED
	GNATURE			M.D. A	tending	Med.	Stoff AM	
	GNATURE	. alibe	eury)		101101119	D.	DI X	6. (0.0)
22.5 81	[-	. albe	eury)		y s	Director	Stoff Phys.	2.10.66
23 C. PI	HYSICIAN'S AME (Type)	Fadle i	e A V	Ph	23D. ADDRES	Director	Phys.	2.10.66
N	HYSICIAN'S AME (Type)	Fadhi	e A &		23D. ADDRES	Director	ear H	org.
N 24A. BURI	HYSICIAN'S AME (Type)	Fadhi	e A k	Ph	23D. ADDRESS	Director L	ian H	on.
N 24A. BURI	HYSICIAN'S AME (Type)	Fadhi	e A k	obousy m.o	23D. ADDRESS	Director L	ian H	on.
Buri	HYSICIAN'S AME (Type) AL CREMATION OVAL (Specily)	Fadhi 1, 248. DATE 2-15-	e A k	DOUSY M.D AME OF CEMETERY OF C	23D. ADDRESS	Director L	ocation (C)	on.
N 24A. BURI	HYSICIAN'S AME (Type) AL CREMATION OVAL (Specily)	Fadhi 1, 248. DATE 2-15-	e A k	DOUSY M.D AME OF CEMETERY OF C	ys. 23D. ADDRESS	24D. L AREAL DIRECTOR	ocation (C)	City, town, or county) (5) Md
Bull	HYSICIAN'S AME (Type) AL CREMATION OVAL (Specily) FREC'D BY HEA	Fadhi 1, 248. DATE 2-15-	e A k	obousy m.o	ys. 23D. ADDRESS	Director 24D. L	ocation (C)	City, town, or county) (3)

BIRTH	NO. 65-2	11543 9348 MEDI	ICAL EX	ALTIMORE CITY HEAL	TH DEPARTA	ATE OF	DEATH Regist	ered No.	66 01543	
	CASE NO.						N. Committee			
(THE	ndalayi	TONY)		LYNN			d hour pronound ary 10, 196		1:35 P	
		RE MARYLAND, W	HERE PRONOU		4. USUAL RE		deceased lived, If ins	titution: res	M. idence befare admission)	
HOSE	NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		aryland	B. CO		and give tawhship)	}
39	Provid	ent Hospita	1			altimore DDRESS (If rurol,	give lacation)			
5. SE	/ // 0	ACE	T7 AAABBIED	ALEVER AA ARRIED	B. DATE OF E		sen Street	I K Had	- 1 V- If II-d- 24 N-	
		ACE		NEVER MARRIED DIVORCED (specify)			last birthdoyi		or 1 Yr. If Under 24 Hrs. Days Haurs Min.	
	emale	Negro		BUSINESS OR INDUSTRY		r 23, 196		2	ZEN OF	
done		ng life, even if retired)	No	NE	Mary			WH.	M. S.	
10,12	A	1 7 -	111	V N/		trice Wil				
15. W	AS DECEASED E	VER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMAL		.3011	ADDRES	55 00 - 1	
(Yes,	no or unknown) (If)	yes, give war or dote	s of service)	SECURITY NO.	RE	ATRIC	E 10/11		331	
11:	/V./A	-)		CAUSE	OF DEATH	9//11/6	E Wils	ON	INTERVAL BETWEEN	y
10	5 2	5 XI		CAUSE	OI DEATH				ONSET AND DEATH	
	LE.	OR CONDITION DI ADING TO DEATH		(A) Inters	stitial	Pneumonit	cis.			
	heort failure, ast	meon the mode of henia, etc. It means	the disease,	DUE TO				•		
	injury or compile	cation which coused	geatn./							
		CONDITIONS IS A		(B)			,=0,====0,0,0,==0,0,0000000000000000000			
	RISE TO THE A	CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST,	TATING THE	DUE TO						
Z	ONDERCTING	CONDITION EXST,		(C)				•••••		
CERTIFICATION	TO THE DEA	II CANT CONDITIONS ATH BUT NOT REI ONDITION CAUSING	LATED TO TH							
ERT		ERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTO	PSY? (Yes ar Na)	20B. IF YES, WERE F			
O	2	WAS PER	FORMED			Yes	IN CERTIFYING CAL	ISES OF D	Yes	
OU	INDERLYING OR	CONTRIB-	21 B. F home, etc.)	PLACE OF INJURY (e.g., form, factory, street, c	in or obout 210 office bldg., INJ	URY OCCUR?	(If in Boltimore City, s	give exoct	lo cotian)	
4		lonth) (Day) (Yeor	r) (Hour) 21	E. INJURY OCCURRED	21 F	HOW DID INJ	URY OCCUR?		STORY IN	
1	APPROX.)		m. W	HILE AT NOT AT W	WHILE					
2	2. certify	that I held on I			opsy	and that on th	is bosis, death in	my opinie	on	
		from: Natural car		ccident Suicid			Undetermined mont			
		0 /				MEDICAL EX				
	ACTUAL	- 0/	7, 60 5	less un		MEDICAL E			DATE SIGNED	
	SIGNATURE	10				E MEDICAL E			2/11/66	
	NAME (Typ	e) Charl		etty, M.D.						
REM	BURIAL CREMAT	TION, 23B. DATE	230	. NAME of CEMETERY of	CREMATORY	23D. t	OCATION (Cit	, tawn, ar	caunty) (State)	
	BURIA	2 2-12	-65	Mr. AU	BURI	N 131	9LTIMOB	ĒI	Ma.	
24A.	DATE REC'D BY	HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUI	NERAL DIRECTOR		1	ADDRESS	
	LED.	1 1000 0	1 - 17 8.	Jankey Mill	Mo	BIONA	DUFTT	FH	1701 LAYER	-
VS 1	51-REV. 1/1/65					110134 8	. 101.	1 11.	707 97407	-

Such

		Y HEALTH DEPARTMENT	A 15 5 4
BIRTH NO. 66 0154	CERTIFICA	TE OF DEATH Registered No.	66 01544
M.E. CASE NO. 1. NAME OF DECEASED	CERTITION.	2. DATE AND HOUR OF DEATH	
(Type or Print)	e E. White	Feb. 11, 19	66 1 4130 8 4
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in	66 4:50 P M. stitution: residence before admission)
FULL NAME OF (If not in hospi HOSPITAL OR oddress or loca INSTITUTION	tol or institution, give streel ation)	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write if	RURAL and give township)
0		Baltimore D. STREET ADDRESS (If rurol, give locotion)	
3402 Rosed	ale Be.		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In veors/ o.	If Under 1, Yr., elf Under 24 Hrs.
Female Negro	WIDOWED, DIVORCED (specify) Widowed	6-13-1896 lost birthdoyl 69	Months Doys Hours Min.
t0A. USUAL OCCUPATION (Give kind of videne during most of working life, even if retire	vork 10B, KIND OF BUSINESS OR INDUSTRY	Farmville, Va.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Zohn El	lis	Mary Francis	
15. Was Deceased Ever in U. S. Armed (Yes, no ar unknown) (If yes, give war ar	Forces?	17. INFORMANT	ADDRESS
tres, no or unknown, kir yes, give wor or c		9 William White 3402 R	cosedale Rd.
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the made	DIRECTLY TH of dying, e.g., DUE TO	ordral Voscalor Accido	INTERVAL BETWEEN ONSET AND DEATH DECES
heart failure, asthenia, etc. It med injury ar camplication which cour			
ANTECEDENT CAUS	SES (B)		
DISEASES OR CONDITIONS, rise to the above cause (UNDERLYING CONDITION tost,	if any, giving		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	ELATED TO THE LL La	sclerosis	Contovoron
	ONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21 C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	e City, give exoct locotion)
21D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	While At Not Whi		
	Work Al Work		
22. I certify that (I) (this hospi	ital) attended the deceased from	Sune 29 1965 to F	9 6 6 6 ,
		1965 ond that Ir(my) (our) opt	nian death occurred on the date
23A. SIGNATURE	stated above. (1) (We) (did) (did not)	view the body after deoth.	23 B. DATE SIGNED
Louis	meller M.D. Att	med. Stoff Phys.	Fe614-66
23C. PHYSICIAN'S NAME (Type)	dIM. Ma M.D.	LIUSON Pd. OW	engsMills, Md
24A. BURIAL CREMATION, 124B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (C)	ty, town or county) (State)

HEALTH DEPT. 258, NAME OF REGISTRAL A 1966

Md.

Morton & Dyett 1701 Laurens St

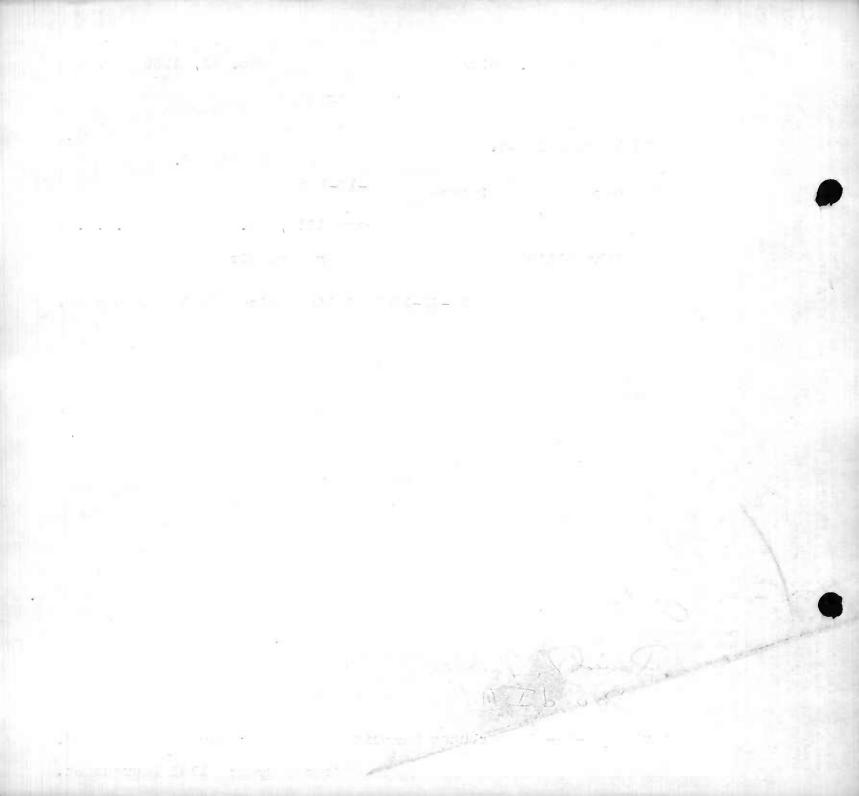
Burial

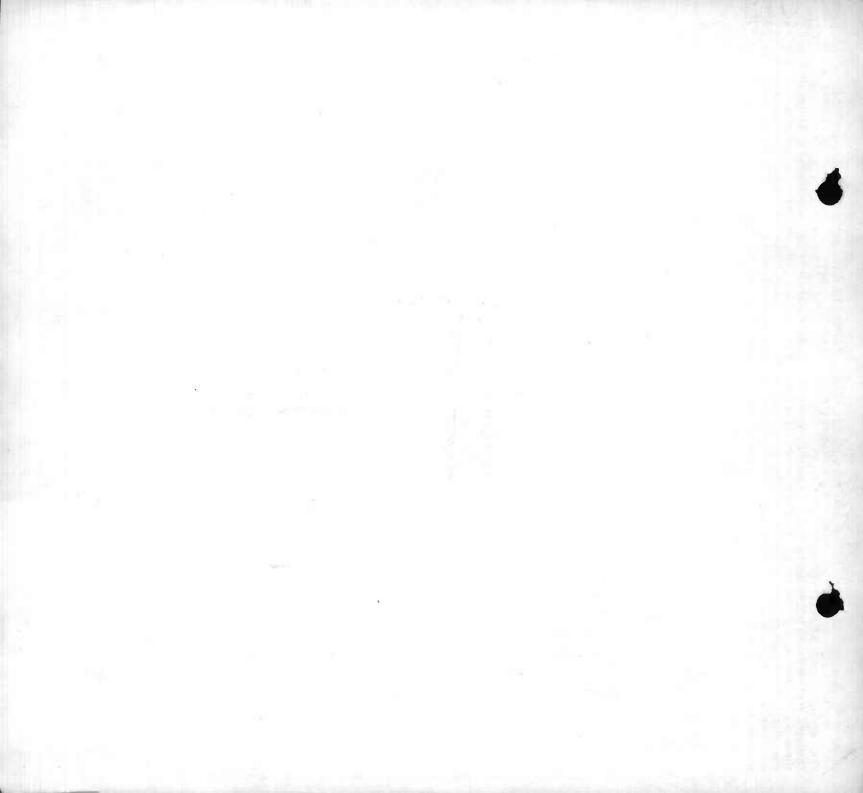
REMOVAL (Specify)

Memorial Arbutus
25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

25A. DATE REC'D BY

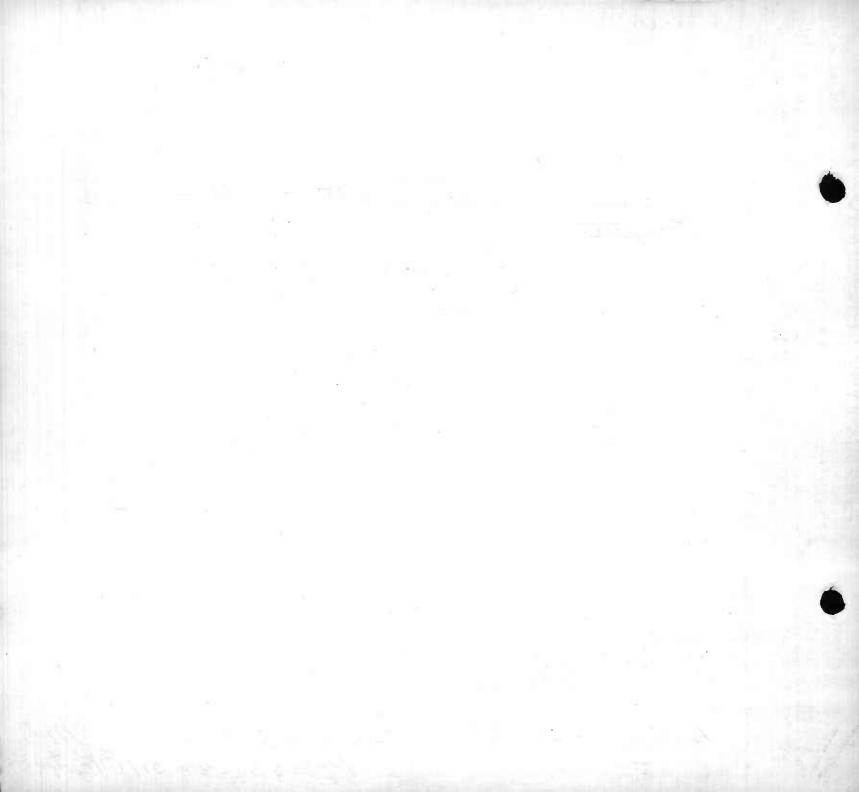


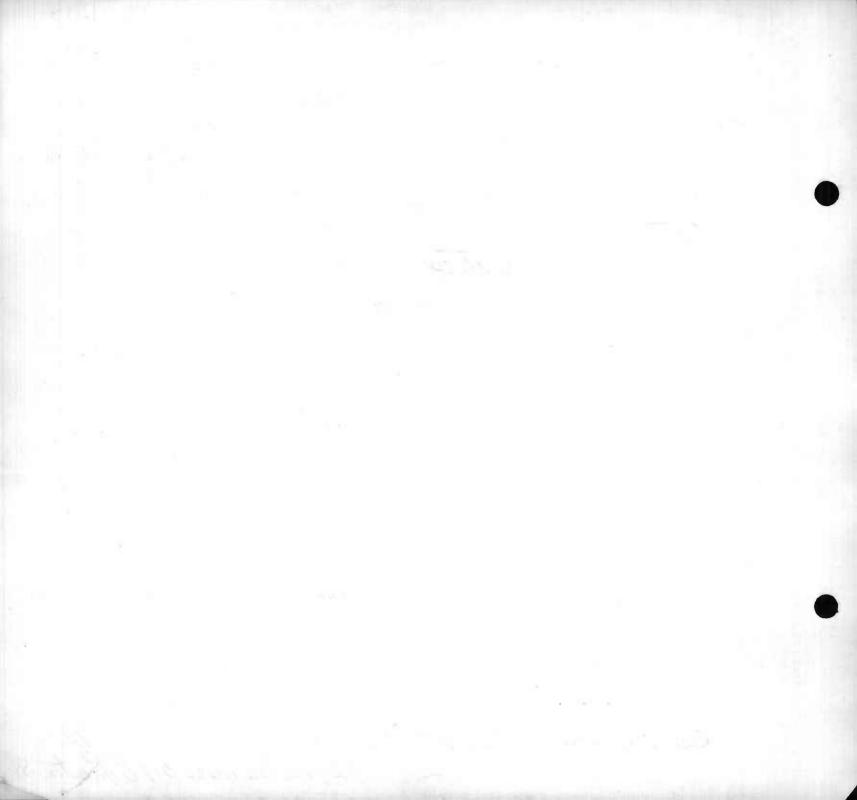


DIRECTOR:

FUNERAL

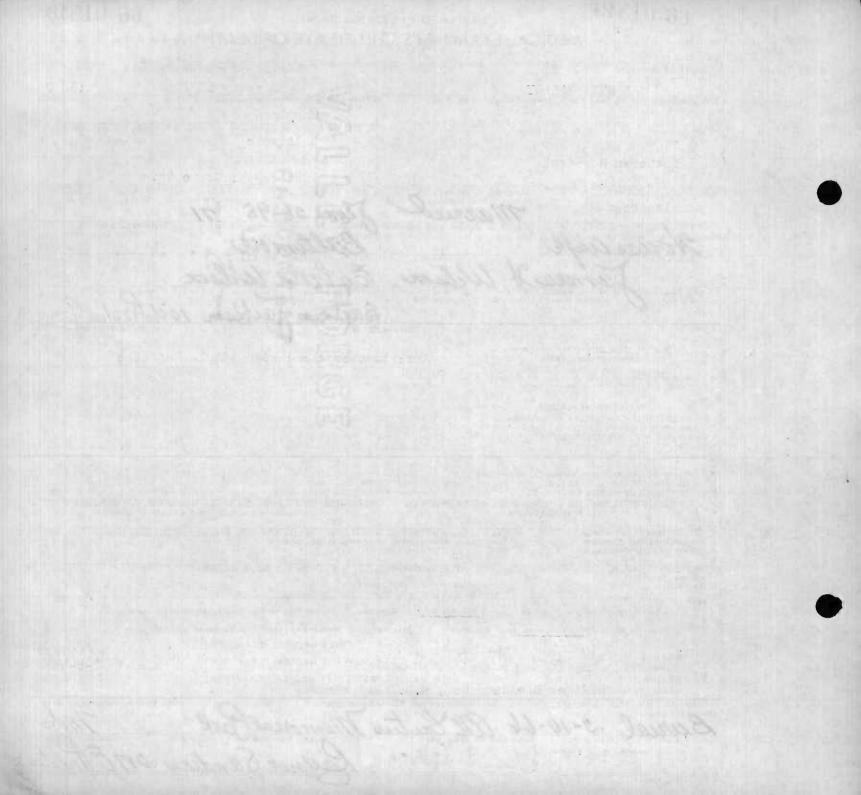
FUNERAL DIRECTOR:





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4	10)	0	
7		-	,		

66	1.0 20	BALTIMORE CITY HEAL	TH DEPARTMENT		D OTOTO
BIRTH NO.	MED	ICAL EXAMINER'S C	ERTIFICATE OF I	DEATH Registered No	,
M.E. CASE NO.					
1. NAME OF DEC	EASED		2. DATE AN	D HOUR PRONOUNCED DEA	AD
(Type at Print)	ARNETTA BAIL	FV	Febr	uary 5, 1966	6:30 P M.
3. PLACE IN BALT		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE Maryland	deceosed lived. If institution: B. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outsid Baltimor	e corporate limits, write RURA	y ond give township)
Luthe	eran Hospital		D. STREET ADDRESS (If rurol,		
			8. DATE OF BIRTH	lar Grove St.	nder 1 Yr. If Under 24 Hrs.
female	negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	June 26-9.	S last birthday! Mant	ths Days Hours Min.
	JPATION (Give kind of working lile, even if retired)	KIND OF BUSINESS OR INDUSTR	Baltimon		ITIZEN OF HAT COUNTRY?
13. FATHER'S NAM	TE COOP	- 1	14. MOTHER'S MAIDEN NAM	E	THE THE TAXABLE
	022200	H. Illelane	En 4400 x 1	1/1/ some	
15 WAS DECEASE	DEVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADDI	RESS
(Yes, no or unknown	Alf yes, give wor or date	es af service) SECURITY NO.	7:1	11 . 16	200
			Sarlores /al	Rson 100611	oplar Grove S
1B	3 /	CAUSE	OF DEATH	V	INTERVAL BETWEEN
400	shirt I		V		ONSET AND DEATH
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heart foilure,	osthenio, etc. tt meon mplication which caused	s the disease, death,)			
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	OR CONDITIONS, IF A				
	NG CONDITION LAST.				
Z		(C)			
2	11				
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING			
E DISEASE O	DEATH BUT NOT RE			***************************************	
	OPERATION 198. CON	NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FINDING	
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UNDERLYING CAU	OR CONTRIB-	home, fam, factory, street, etc.)	office bldg., INJURY OCCUR?		
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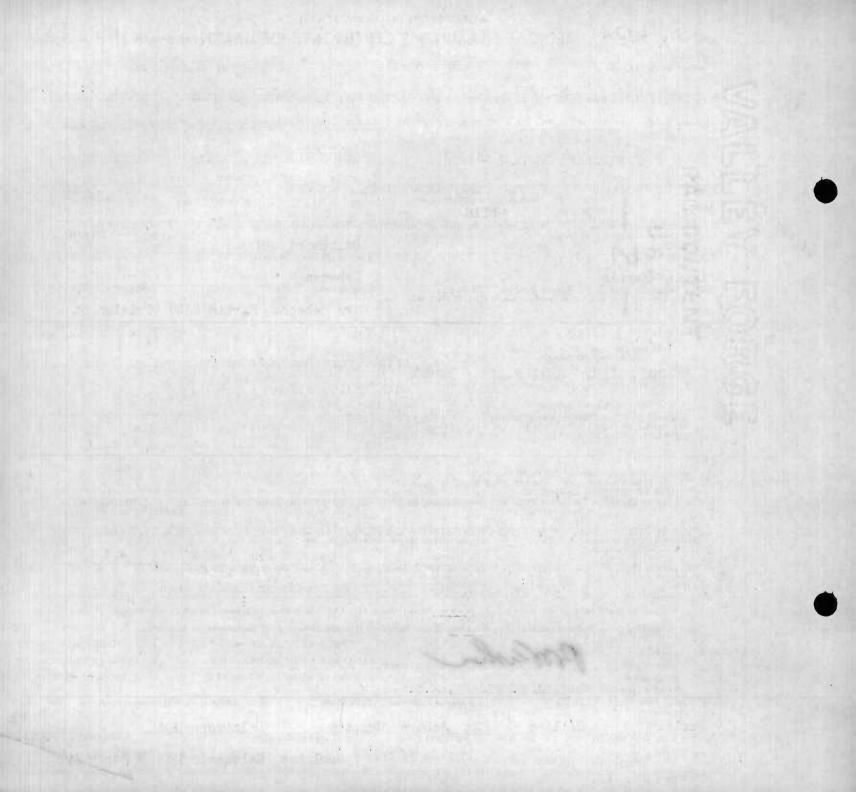


VS 151-REV. 1/1/65

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13, FATHER'S NA	ME			14. MOTHER'S A				
Lewis N				Rebecca				
15. WAS DECEAS	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT			ADDRESS	
(Yes, no or unknow	n) (II yes, give wor or dote	es of service)	SECURITY NO.	Mrs Re	becca M	artin 1840	Division	St
(This does	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons omplication which coused	dying e.g., the disease,	(A)Carb	on monox:		oning		ERVAL BETWEEN SET AND DEATH
DISEASES RISE TO THE UNDERLYI	ANTECENDENT CAUSI OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING	CONTRIBUTI				\		
19A. DATE O	F OPERATION 198, CON WAS PER	IDITION FOR	WHICH OPERATION	20 A. AUTOPS		208, IF YES, WERE FI		
J ()				No				
UNDERLYING UTING CAL	AL CAUSE WAS XOR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i	n or obout 21 C. ffice bldg., INJUR	WHERE DID	If in Boltimore City, gi	ve exoct locotio	n)
4			Home		7 Thomas		13	-05
OF INJURY (APPROX.)	(Month) (Doy) (Yeo	7:00	WHILE AT NOT NOT NORK		nflagrat	ion in home	2	
22.		nquiry 🗌	Inspection X Aut		nd that on thi	s bosis, deoth In n	ny opinion	
	Ited from: Notural co		Accident X Suicide			Indetermined mann		
	n	/	17	CHIEF A	MEDICAL EX	AMINER XX		.==
SIGNAT		Trit	M.D.	ASSISTANT A			D	ATE SIGNED
EXAMI	NER'S	I S. FI	SHER, M.D.	ASSOCIATE	MEDICAL EX	AMINER		2-6-66
23A. BURIAL CR	EMATION, 238, DATE		C. NAME of CEMETERY o	CREMATORY	23 D. LC	CATION (City	, town, or count	y) (Stote)
Burial	2/11/	66	Mt Auburn C	emetry	Re	ltimore Mo		
	D BY HEALTH DEPT.	248, NAME	OF REGISTRAR		RAL DIRECTOR	TOTALOT C MC	ADD	ESS
	FEB 14 1966	300	; E. Sarbey MAR	Adol	phus Ha	lstead 120	6 W Nort	h Ave

VS 151-REV. 1/1/65



DIRECTOR:

FUNERAL

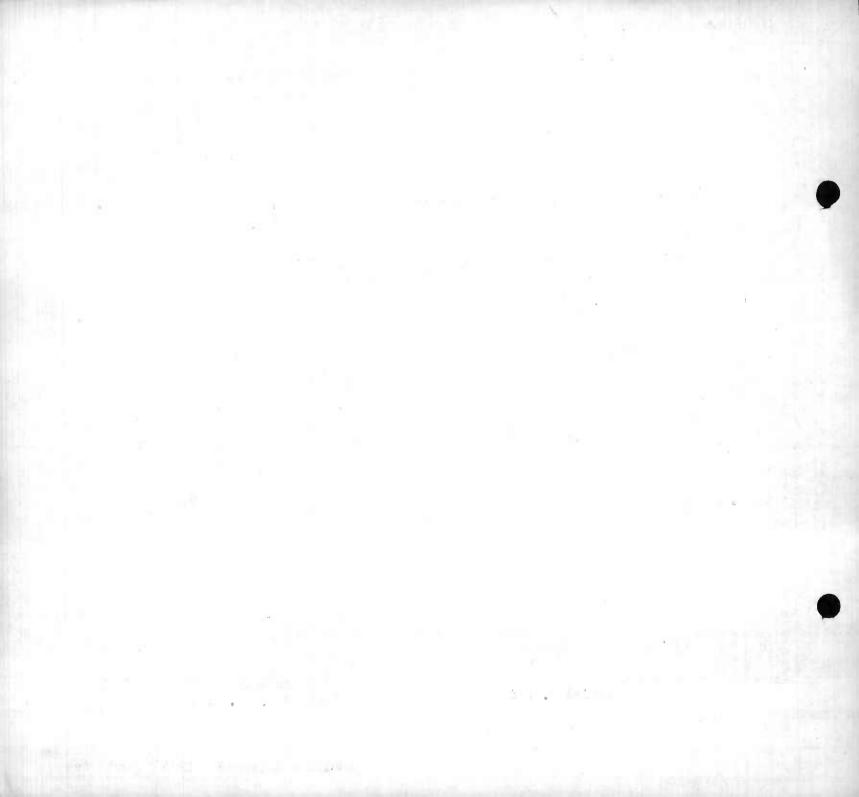
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 111559 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where degeosed lived, II institution; residence before admission B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) OR TOWN (If outside city limits, write RURAL and give township D. STREET ADDRESS (If rurol, give location) 5. SEX 6. RACE 7. MARRIED, NEVER-MARRIED 8. DATE OF BIRTH 9. AGE Un veors If Under 1 Yr. Months! Doys If Under 24 Hrs. WIDOWED, DIVORCED Ispecify Hours 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life even of retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. Armed Forces' (Yes, no or unknown) (If yes, give wor or dates o 6. SOCIAL SECURITY NO. 7. INFORMAN ADDRESS CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or obout 21 C/WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. and that in (my) (our) apinian death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending M.D. Phys. Phys. 23C. PHYSICIAN'S 23D. ADDRESS Montebello State Hospital NAME (Type) Daniel G. Lai M.D Baltimore, Md. 21218 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Auburn Cemetry Mt Baltimore Md 25A, DATE REC'D BY 25C. FUNERAL DIRECTOR HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS

VS 150-REV. 1/1/65

Adolphus Halstead

1206

North Ave



M.E. CASE NO.	WILD	ICAL EX	AMIINEK 2 C	LTH DEPARTMENT CERTIFICATE OF D		
NAME OF DE	CEASED			2. DATE AND	HOUR PRONOUNCE	D DEAD
(Type or Print)	DANA	LYNN	SALTER	Februa	ary 9, 1966	11:30 P
. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where d	eceosed lived. If insti	tution: residence before odmissio
				A. STATE Maryland	B. COU	NTY 13-03
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	TON, GIVE STREET	C. CITY OR TOWN (If outside	corporate limits, write	RURAL and give township
NSTITUTION				Baltimore		
				D. STREET ADDRESS (If rurol,	aine Innerion)	
Pro	vident Hospi	tal				
				1120½ W. No		
5. SEX	6. RACE		VORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min.
Female	Negro		Child	August 12, 1963	2	
OA. USUAL OCC	UPATION (Give kind of wor	k TOR WINDLAND	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
lone during moby	working life, even if refired)			Maryland		WHAT COUNTRY?
3. FATHER'S NAM				14. MOTHER'S MAIDEN NAME		
Dani	el Salter			Vivian		
	ED EVER IN U.S. ARMED	5000553	6. SOCIAL	17. INFORMANT		ADDRESS
	n) (If yes, give wor or dote		SECURITY NO.	17. INFORMANT		ADDKESS
				Mrs vivian Sal	12001	W North Ave
1B. 5	0/		CAUS	E OF DEATH	Ler 12002	INTERVAL BETWEEN
047	8161					ONSET AND DEATH
DISEA	SE OR CONDITION DE		Cial-1	e Cell Disease.		
(This does	not mean the mode of	dying, e.g.,	DUE TO	e Gell Disease.		
injury or co	e, osthenio, etc. It meons emplication which coused	deoth.)				
	ANTECENDENT CAUS		(B)			
	OR CONDITIONS, IF A	TATING THE	DUE TO			
DISEASES RISE TO TH			(C)			
DISEASES RISE TO TH UNDERLYI	NG CONDITION LAST.					
DISEASES RISE TO TH UNDERLYI		The latest	(0)			
DISEASES RISE TO TH UNDERLYI	11	CONTRIBUTION	c (O/			
DISEASES RISE TO THE UNDERLYI OTHER SIG	II SNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO TH				
DISEASES RISE TO THE UNDERLYI OTHER SIG TO THE	II INIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO TH	E			
DISEASES RISE TO THE UN DERLYI OTHER SIG TO THE DISEASE OF THE DI	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198. CON	LATED TO THE	E	20 A. AUTOPSY? (Yes or No)		ES OF DEATH?
DISEASES RISE TO THE UN DERLY! OTHER SIGNOTHER SIGNOTHE	II SUIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198, CON WAS PER	LATED TO TH G IT. NDITION FOR W RFORMED	HICH OPERATION	Yes	N CERTIFYING CAUS	es of DEATH? Yes
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. EXTERNAL PROPERTY OF 19	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198. CON	LATED TO TH G IT. NDITION FOR W RFORMED	HICH OPERATION	Yes		es of DEATH? Yes
OTHER SIGN TO THE DISEASE OF THE DIS	II SNIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING F OPERATION 198. CON WAS PER	LATED TO TH G IT. NDITION FOR W RFORMED	HICH OPERATION	Yes	N CERTIFYING CAUS	es of DEATH? Yes
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OTHER SIGN TO THE DISEASE OF T	II SINIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING F OPERATION 198, CON WAS PER AL CAUSE WAS	ELATED TO TH G IT. NDITION FOR W RFORMED 21 8. PI home, etc. orl (Hour) 211	HICH OPERATION ACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHERE DID (I office bldg., INJURY OCCUR?	N CERTIFYING CAUS	es of DEATH? Yes

ACTUAL SIGNATURE EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 2/11

Charles S. Petty, M.D.

FEB 14 1906 (R) 2 8. CarbayMA

2/14/66

ASSOCIATE MEDICAL EXAMINER 23C. NAME of CEMETERY OF CREMATORY

Suicide 🗌

Mt Auburn Cemetry

23D. LOCATION (City, lown, or county) Baltimore Md

Undetermined manner

DATE SIGNED

(Stote)

2/10/66

24A. DATE REC'D BY HEALTH DEPT.

resulted fram: Natural causes 🗵

Accident/

24C. FUNERAL DIRECTOR

M.D. ASSISTANT MEDICAL EXAMINER

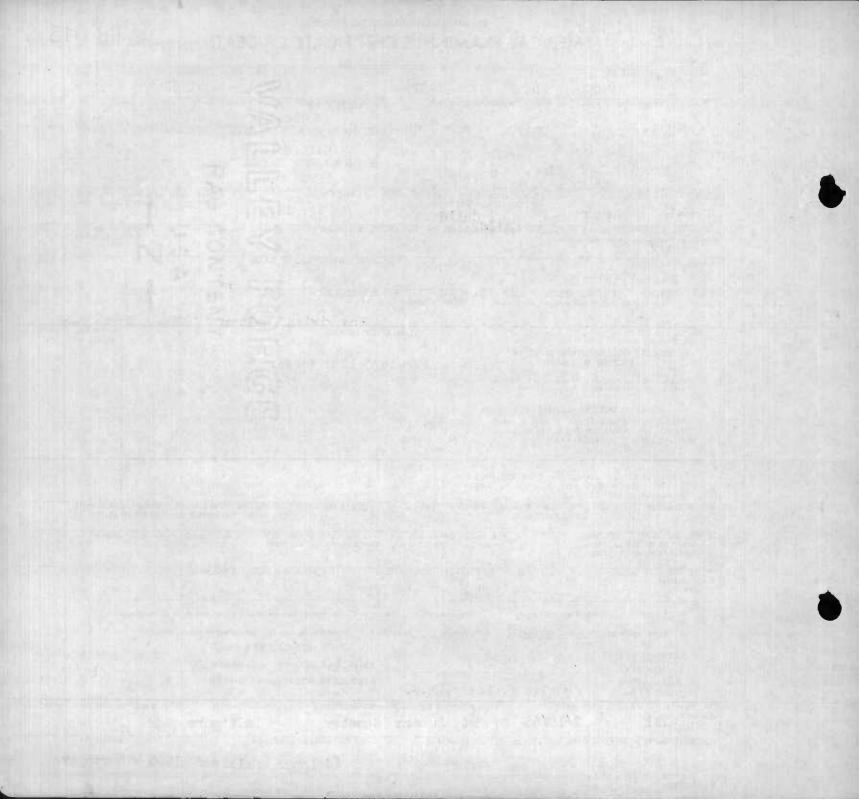
Hamicide _

CHIEF MEDICAL EXAMINER

Adolphus Halstead 1206 W North Ave

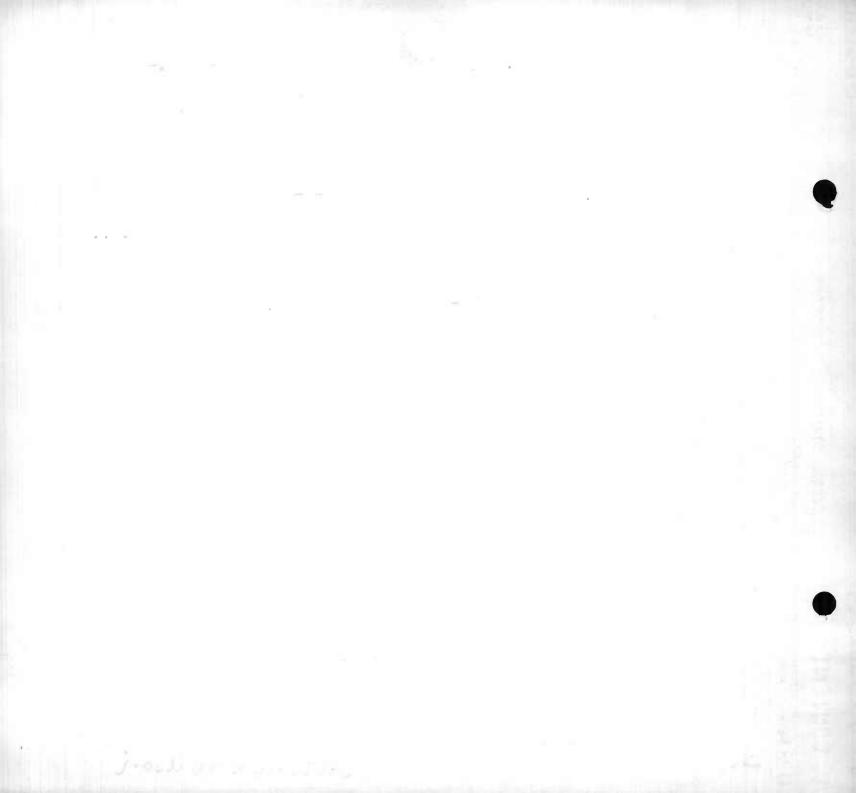
VS 151-REV. 1/1/65

ADDRESS



FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



attendance on the

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LTIMORE CITY HEALTH DEPARTMENT

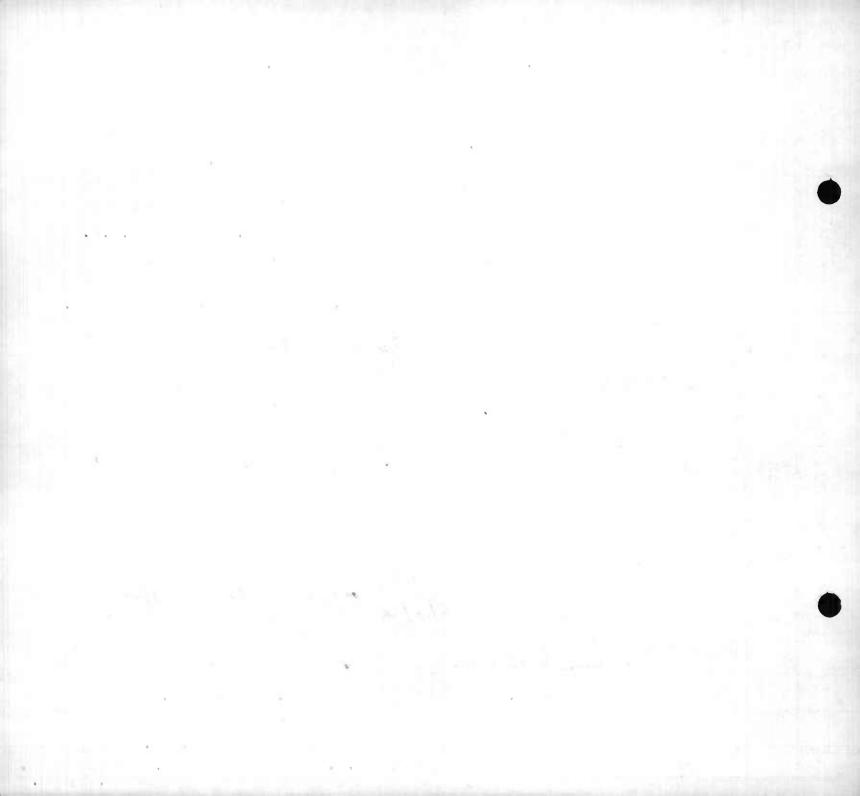
Registered	NES6 U	155.5
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M.E	H NO. . CASE NO.	66 0100	3.7	CERTIFICA	TE OF DEATH	Registered Na.	60 (7120a)
	AME OF DEC		2 7/1 - 1	- d		AND HOUR OF DEATH	215 D
3. P	LACE OF DEA	Julia I		narews	II4. USUAL RESIDENCE (W	12, 1966	nstitution: rosidence before admission
					A. STATE B. COL	INTY	2 2 1
H	ULL NAME OF	F (If not in hospital a address or location	or institution, (give street	Maryland	autside city limits, write	RURAL and give township)
-)	I.f.	.1. 4 1		Baltimore		
1		Wyman Par	rk Apt	S.		If rurol, give location)	
S	EX	6. RACE	7. MARRIED.	NEVER MARRIED	Wyman Park	9. AGE (In years	If Under 1 Yr., If Under 24 Hi
	F	W	WIDOWED Si	ngle	10/11/1883	lost birthdoyl 82	Months Doys Hours Min.
		JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
-	lone		None	е	Baltimore,	Md.	U.S.A.
. 1	ATHER'S NAM	AE			14. MOTHER'S MAIDEN N	AME	1 0 0 0 11 0
E	Barthol	omew McAndı	ews		Ellen Sheeh	an	
V	Vos Deceosod	Ever in U. S. Armod Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
•	No	Till yes, give wer or acies	OI SEIVICE	SECURITY NO.	Mrs.Rose Bo	ttomer Ho	nking Anta
٦	18. ////	757 1		CAUSE O		0 001101 , 110	INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	ECTI V			0	Chicago AND DEATH
1		LEADING TO DEATH	ECILI	An	teriorelsote	e (ardes 1	. ?
	(This does n	of mean the made of	dvina. e.a	DUE TOS			
Į	hearl failure,	asthenia, etc. It meons	the disease,	Ya	sentar Me	mal prisas	
	injury or com	plication which caused	death.)				
		ANTECEDENT CAUSES		(B)			
1	DISEASES C	R CONDITIONS, if a	nv. aivina	501.10			
	rise to the	abave cause (A)		(C)	#*************************************		
	UNDERLYING	G CONDITION last.					
	TO THE D	FICANT CONDITIONS CO EATH BUT NOT RELA CONDITION CAUSING IT	TED TO TH	G ZU	lesatur Co	litis.	, p
		OPERATION 198. CONE	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimor	o City, give exect location)
	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21F	INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUP?	
	OF INJURY		Whi	ile AI Nat While			
			Wor			1	1
- 1		that (1) (this hospital)			10/55	196V 1a	2/12 1966
	that (I) (we)	last saw the decease	d alive an	2/12/66	19and	that In (my) (aur) apl	nion death accurred an the de
					iew the bady after death		
	23A. SIGNATU	/) /		/		23B DATE SIGNED
		Joseph &	.120	M.D. Atte	ending Med. Director	Stoff Phys.	2/14/66
	PHYSICIA NAME (T		s. Bl		23D. ADDRESS 1115 N.	Calvert St.	•
A	BURIAL CRE	MATION, 24B. DATE	24C, N /	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
	REMOVAL (Spocify)					
	urial			. Cathedral	Be	altimore, N	Id.
AC	. DATE REC'D	BY HEALTH DEPT.	25B NAME &	PF REGISTRIAR	25C. FUNERAL DIRECTO	OR -	ADDRESS

H.W. Jenkins & Sons Co.

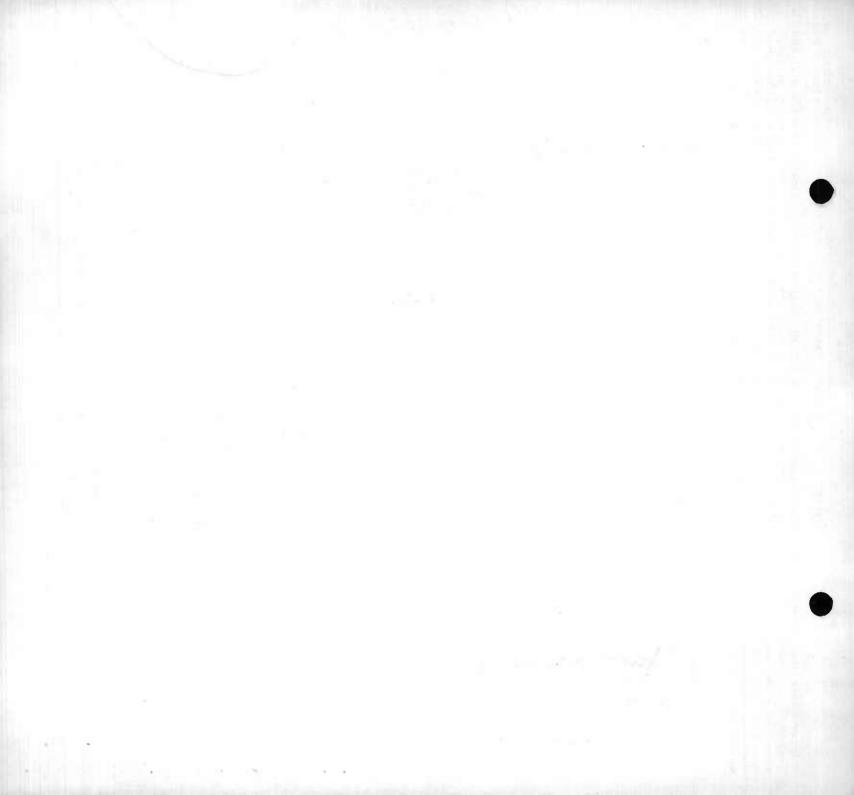
4905 York Rd.

VS 150-REV. 1/1/65

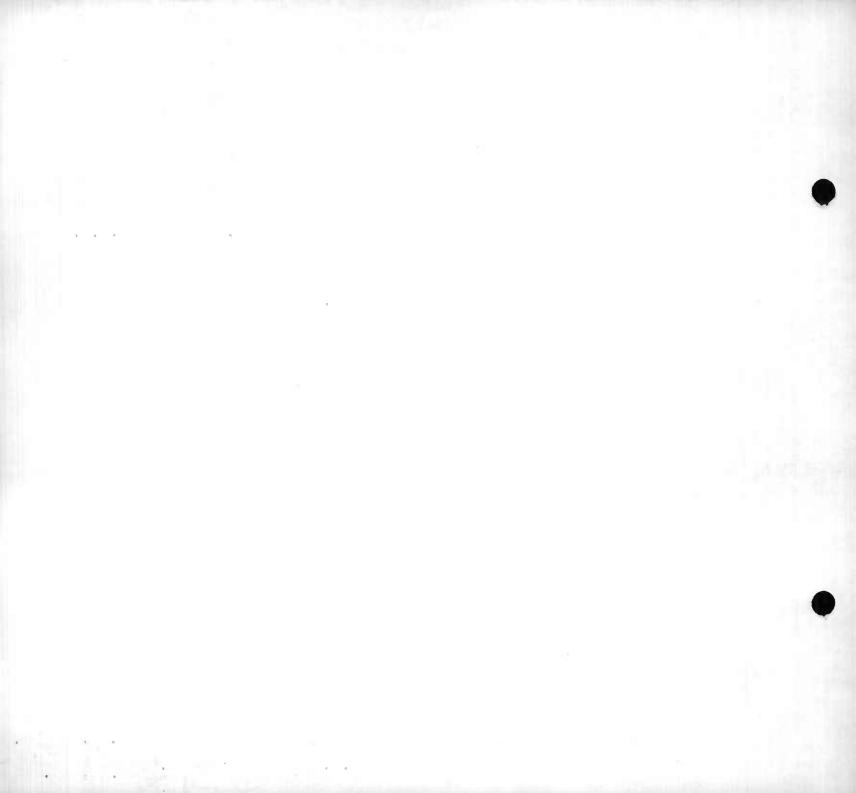


1. NAME OF DECEASED What A WARREN W, 3. PLACE OF DEATH IN BALTMORE, MARTLAND What BALTMORE, MARTLAND A. USUAL RESIDENCE I Where, decreased lived, W institution, metidance before edmission and decreased lived, W institution metidance before edmission and institution metidance before edmission in the control of the most of the control of the most institution, give sweet of the control of the most institution, give sweet of the post of the before course of the most institution, give sweet of the before course of the most institution, give sweet of the before course of the most institution, give sweet of the before country in the most institution institution institution, give sweet of the before course of the most institution, give sweet of the post institution institution institution institution institution institution, give sweet institution, give institution in	NAME OF DECEASED A A A A A A A A A	BIRTH NO. M.E. CASE NO. BRITIMORE CI CERTIFIC	TY HEALTH DEPARTMENT ATE OF DEATH Registered N	66 01556
FULL NAME OF HOSPITAL OR odders or location) ASTRE B. COUNT (If outside city limits, while RURAL and give township) Battimory Battimory B. STREE ADDRESS (If rurol, give location) 3803 Delveme Rd. 5. SER (In rurol, give location) 3803 Delveme Rd. 5. SER (In rurol, give location) 3803 Delveme Rd. 5. SER (In rurol, give location) 3803 Delveme Rd. 10. ACE (In rurol, give location) 3804 Delveme Rd. 10. ACE (In rurol, give location) 3804 Delveme Rd. 10. ACE (In rurol, give location) 3804 Delveme Rd. 10. ACE (In rurol, give location) 3804 Delve	FULL NAME OF HOSPITAL OR 101 hospital or institution, give steel address or location) MERCY MARKED, NEVER MARKED D. STREET ADDRESS SEE C. CAT OR TOWN C. CIT OR TOWN C. ADTERNATION C.	1, NAME OF DECEASED	2. DATE AND HOUR OF DEA	TH 20
5. SEX S. RACE Marked Never Marked No. Devocation of purposed place No. Dev	5. SER 6. BACE 1. MARRIED, NEVER MARRIED 1. ACE OF BIRTH 1. ACE OF BIR	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, wr Baltimore D. STREET ADDRESS (If rurol, give locotion)	ite RURAL ond give township)
10. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	10. USUAL OCCUPATIONIGNE kind of weak 10. SECONT 10	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Harry White S. Wos Deceased Ever in U. S. Amed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Harry White 15. Was Deceased Ever in U. S. Amed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WW 11 21.7-20-5991 Bileen G. White Above INTERVAL BETWEEN INTERV	Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired) Supervisor Engineering		WHAT COUNTRY?
Yes WW 1 217-20-5991 Eileen G. White Above	NOTE NOTE THE DISTANCE OF CONDITION CAUSES SECURITY NO. SECUR	Harry White	Lillian Doerfler	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc., It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. Date OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCUR?	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stoling the UNDERLYING CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IN CERTIFING CAUSES OF CONDITION CAUSING IN CERTIFING CAUSES OF DEATH. 27A.A.D.A.T.E. OF OFERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout) 27C. WHERE DID home, form, loctory, street, office bidge, INJURY OCCUR? DEATH (Indir) medical examined examined to the control of INJURY OCCUR? (If in Baltimore City, give exact locotion) home, form, loctory, street, office bidge, INJURY OCCUR? (If in Baltimore City, give exact locotion) while AI Work AI Work AI Work AI Work AI Work AI Work DATE OF OFERATION (Doy) (Year) (Hour 21E INJURY OCCURRED AI Work (APPROX.) AND Altending AIL AND AIL	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
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	22. I certify that (M'(this haspital) attended the deceased from 1-3/-66 19 to 2-10-66 19 that (M) (we) last saw the deceased alive an 2-10-66 (1:200-19) and that in (my) (aur) opinion death accurred an the do and haur and from the causes stated above. (H) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Carnelifa A. Censars, M.D. Attending Med. Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED	DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	, ,
	Carmelifa A. Censaire M.D. Attending Med. Director Phys. X 2-10-66	and have and from the causes stated above, (1) (We) (did) (did not		
and haur and fram the causes stated abave, (1) (We) (did not) view the bady after death.		Carmelita A. Centain M.D.		
and haur and from the causes stated above. (I) (We (did) (did not) view the bady after death. 23A. SIGNATURE Carmelifa A. Cendaris M.D. Atlending Med. Director Phys. 22B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Carmelita A. Cardaris M.D. Mercy Hospital		Burial 2-14-66 Baltimore Na	tional Baltimore	Md.
and haur and from the causes stated abave, (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Carmelify Carmelify Carmelita A. Cardaris A. Burial Cremation, Removal (Specify) Burial Attending Med. Director Stoff Phys. 223B. Date SIGNED 23B. Date SIGNED 2-10-66 23B. Date SIGNED 2-10-66 2-10	Burial 2-14-66 Baltimore National Baltimore Md.	FEB 1 4 1966 G.C. G.E. Falleutta A	H.W.Jenkins & Sons	Co.4905 York Rd.

VS 150-REV. 1/1/65

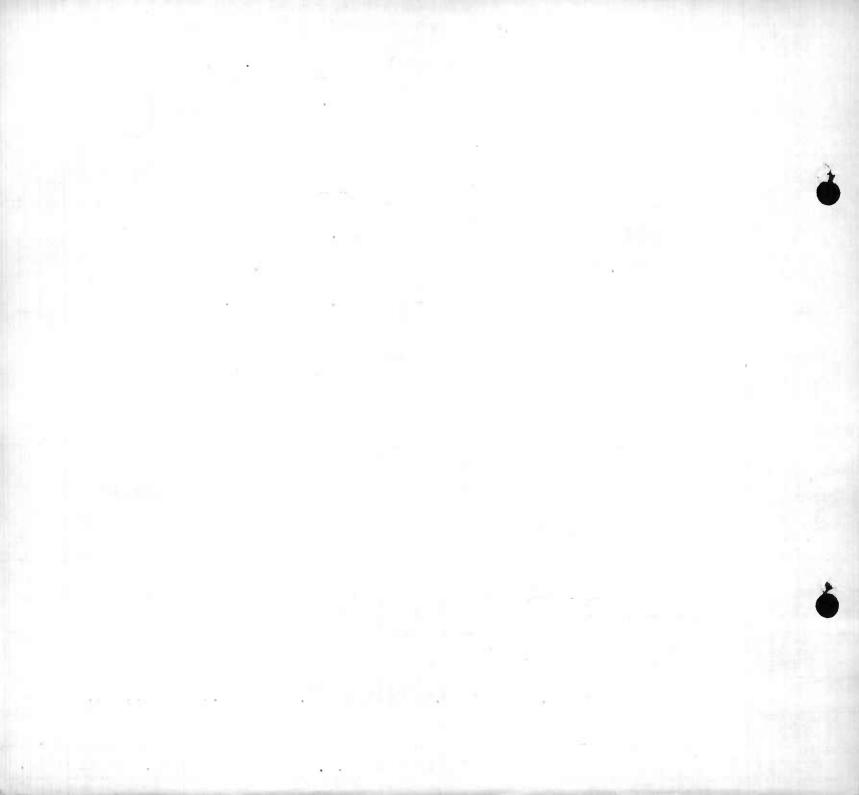


RTH NO. ALE CASE NO. 66 (11558)	CERTIFICA	TE OF DEATH	Registered No	38 U1558
NAME OF DECEASED	liriam Swartz		AND HOUR OF DEATH	
PLACE OF DEATH IN BALTIMORE, MARYLAND	yne	Z USUAL BESIDENCE (W	-13-66	institution: residence before admiss
TEACL OF DEATH IN PALINTONS WANTENED		A. STATE B. COL	אדאנ	
FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	Maryland	Baltimor	e RURAL and give township)
INSTITUTION	4-2		12	e KOKAL ond give township)
Mercy Hospi	tal		If rurol, give location)	
		508 Dunkirl	k Road	
	WED, DIVORCED Ispecify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
DA. USUAL OCCUPATION (Give kind of work 10 8, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
	m Home	Baltimore,	. bM	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	O O O A
Curvin Swartz		Marie Tanne	ər	
b. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	SECURITY NO.	Mrs. John M	Jurphy. 50	8 Dunkirk Road
18. 44 0 5 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		. 1		ONSET AND DEATH
LEADING TO DEATH	(A)	Pulmorany ea	long	
(This does not mean the mode of dying, e	DUE TO			
	s.g., DUE TO V			
heart failure, asthenia, etc. It means the disea injury or complication which coused death.)	ose,	ACCUD O	ne to for	
heart failure, asthenia, etc. It means the disea	DUE TO	ASC VD, C	ngertie ha	The
heart failure, asthenia, etc. It means the disea injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, giv	ing	Pulmay ear		
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.	136 h x	1550		TE OF DEATH		66 (14550)
M.E. CASE NO. 1. NAME OF DE (Type or Print)	CEASED	11559		2. DATE	AND HOUR OF DEATH	00 01000
B PLACE OF DI	EATH IN BALTIMORE M		eiskittel		eb. 12, 196	
FULL NAME	OF (If not in hospite	1 or institution, give	e street	Md.	OUNTY 9-1	nstitution: residence before admission
NOITUTITZMI				Baltimor		RURAL and give township)
	3404 The A	Lameda		D. STREET ADDRESS 3404 The	(If rural, give location) Alameda	
SEX	6. RACE	7. MARRIED, N		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
F	W	Widow		11-3-1869	last birthdoys	Months Doys Hours Min,
	CUPATION (Give kind of we f working life, even if retired		USINESS OR INDUSTRY	11. BIRTHPLACE (State of	fareign country)	12. CITIZEN OF WHAT COUNTRY?
Housew		Own H	ome	Md.		USA
3. FATHER'S NA		OWII III	01110	14. MOTHERS MAIDEN	NAME	ODA
Charle	s G. Carmi:	ne		Margaret	A. Carrigan	
5. Was Decease	d Ever in U. S. Armed F	orces?	SECURITY NO.	17. INFORMANT		ADDRESS
no	, give wer er er		18-44-1332	Mr. Franc	is A. Weisk	ittel
18. 4	22.11		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEAT		(A) airs	Erio Scleros	he condiv	gradual
(This does	not mean the made of	of dying, e.g.,	DUE TO		1,0000	
	mplication which couse		No	ascular c	Useuse	
	ANTECEDENT CAUSE	S	(B)			
DISEASES	OR CONDITIONS, if	ony, giving	DOE 10			
rise la 1	ne above couse (A		(C)	***************************************		
UNDERLTIN	G CONDITION last.					
≅ TO THE I	II VIFICANT CONDITIONS DEATH BUT NOT RE RECONDITION CAUSING	ATED TO THE				
	F OPERATION 198. CO	NOITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical exominer)	21 B. PL home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, of	or about 21 C. WHERE DI	D (If in Boltimor	e City, give exoct locotion)
21 D. TIME	(Month) (Doy) (Yea) (Hour) 21E, IN	IJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		While	At Work			
22. I certify	y that (I) (this hospit	ottended the		10-29	19 5 7 to	2-12 1966
	Lost saw the decea		2.5	19 66 on		inion death occurred an the dot
and hour or	nd from the couses st	oted obove. (I) (Wa) (d id) (d id not) v	iew the body after dec		
23A. SIGNAT	Y115/ 14/12	200 -				23 B. DATE SIGNED
U	GIEU/1 C	Soman	M.D. Atte	nding Med.	Stoff Phys.	2-14-66
23C. PHYSICI	AN'S			3D. ADDRESS	_ · · · · · · _ ·	
NAME	Alfred G	. Ossman	Jr. M.D.	1010 St. Pa	ul St., Bal	to., Md.
24A. BURIAL CR REMOVAL	EMATION, 248. DATE		E of CEMETERY of CRE			ity, lown, or county) (State)
Entombr		66 T.011	don Park	P	altimore	Md -
SA. DATE REC'I		25B. NAME OF	REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
FEB 14	1966 (ANEL)	JE Carrie	0 0 0	H.W. Jenki	ns & Sons C	6.4905 York Rd.
/S 150-REV. 1/1	/65					



IMPORTANT

DIRECTOR:

FUNERAL

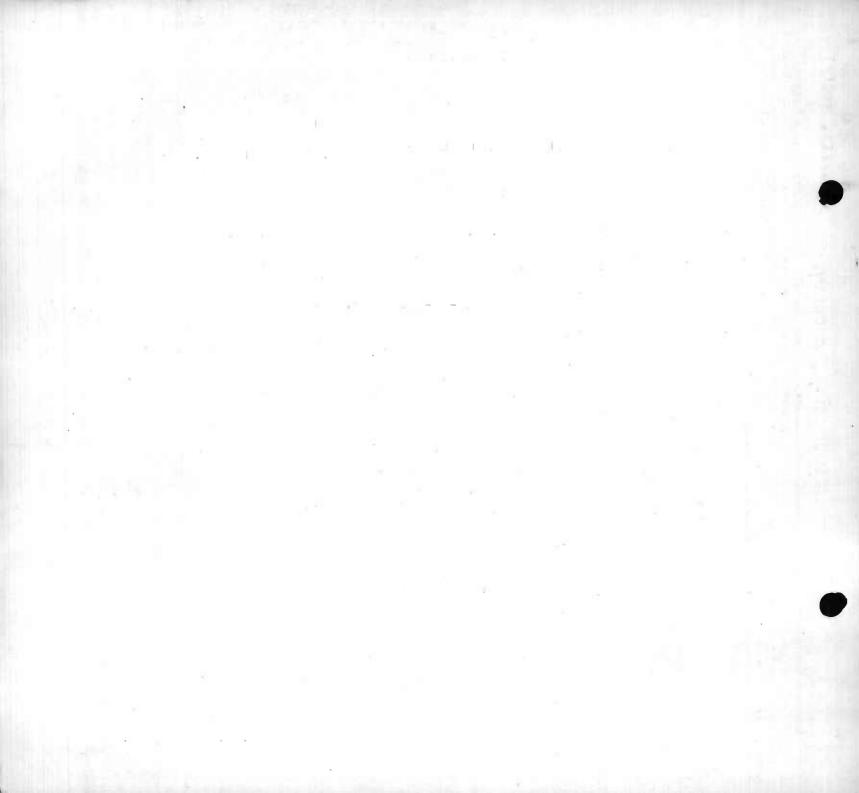
BALTIMORE CITY HEALTH DEPARTMENT 66 01560 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where deceased fived, II institution: residence B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) MEMORIAL D. STREET ADDRESS (If rural, give location) 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORGED (specify) last birthdoy) A Months Doys 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S 14. MOTHER'S 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO NO 140-07-780 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 9A. DATE OF OPERATION 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medica) examiner) 21 D. TIME (Manth) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) Wark At Work 22. I certify that 47 (this hospital) attended the deceased from that (we) last saw the deceased alive an... O.C. ond that in (=++) (aur) oplnian death accurred on the date and hour and from the causes stated abave. (4) (We) (did) (did not) view the bady after death. 23A. SIGNATUR 23B. DATE SIGNED Attending Med. M.D. 66 Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME ROBERT WHITLOCK UNION MEMORIAL HOSPITAL N M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) FEB. 14 1966 VRUID 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

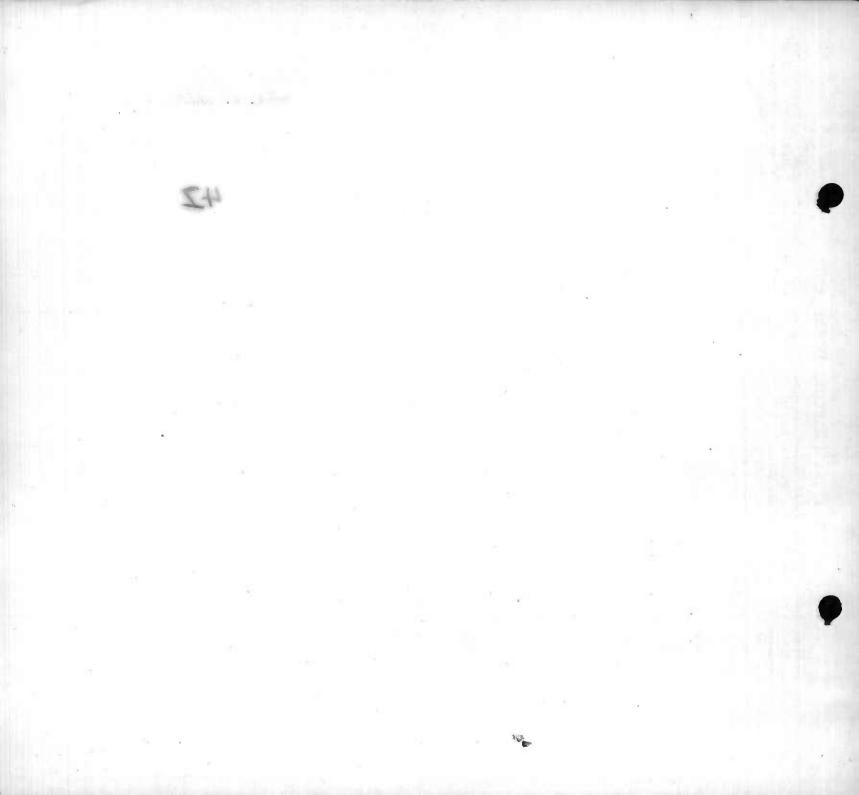
LATER PROPERTY 45 C LEETHWELD - 174 1-18-03 63 APPRAISENT LEAT GETALE MORTH CARBURA ICE A BIDUIT STUBBOUT 18339 JAN 20 DURECTHY GREEN SAME EHEN N WENTER LAST TRUE OF THE SECOND OF THE

Autopsy X I certify that I held an Inquiry Inspection ond that on this bosis, death in my opinion resulted from: Notural causes X Suicide Homicide Undetermined monner Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 2-10-66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker, M.D NAME (Type) 23A, BURIAL CREMATION. 23C. NAME OF CEMETERY OF CREMATORY (Stote) 23D. LOCATION (City, town, or county) 23B, DAT REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR EUNERAL DHECTOR 1905 VS 151-REV. 1/1/65

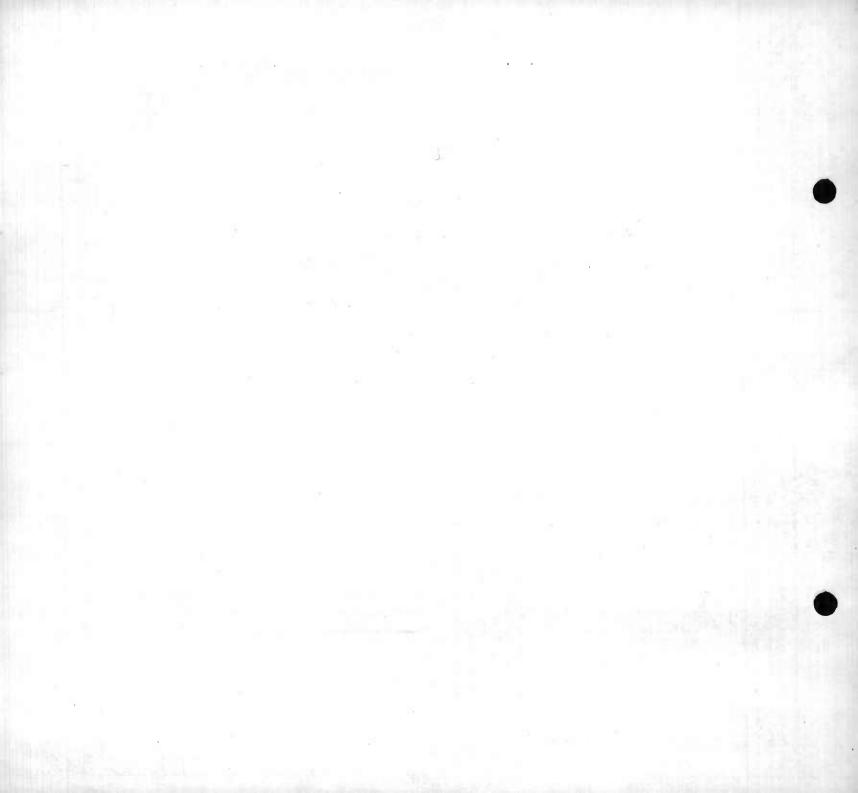
v.s. 153 3-7-66 M.H.

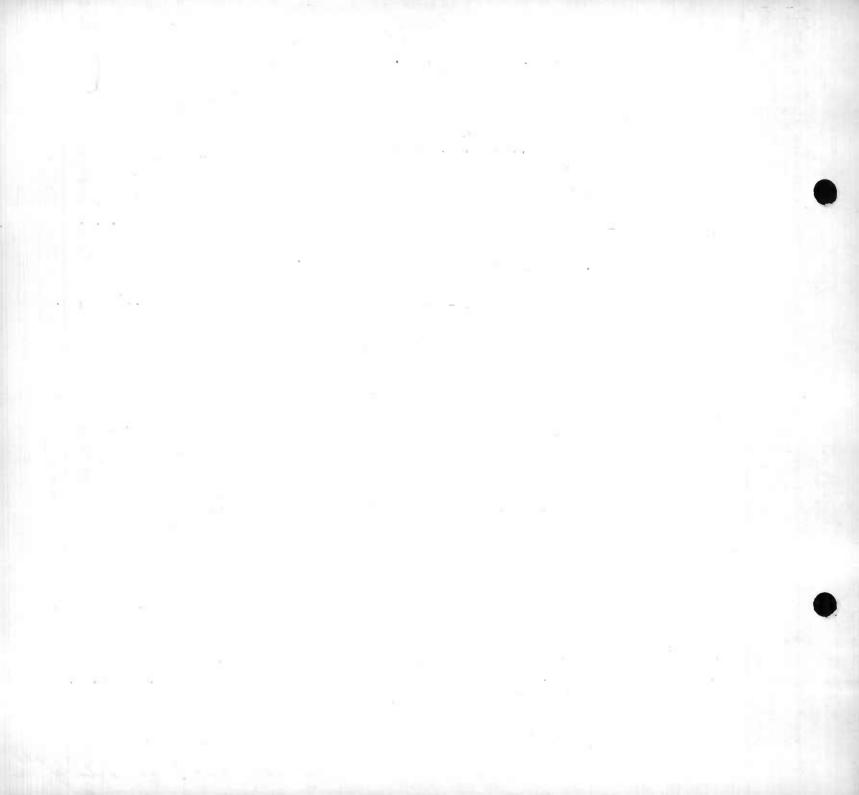
BALTIMORE CITY HEALTH DEPARTMENT

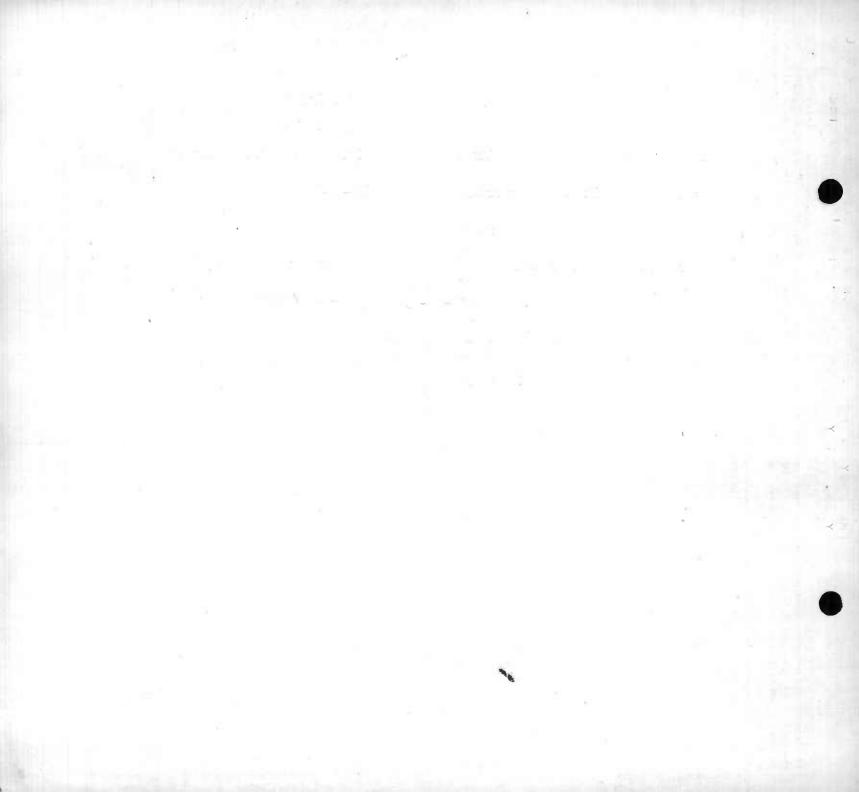




VS 150-REV. 1/1/65





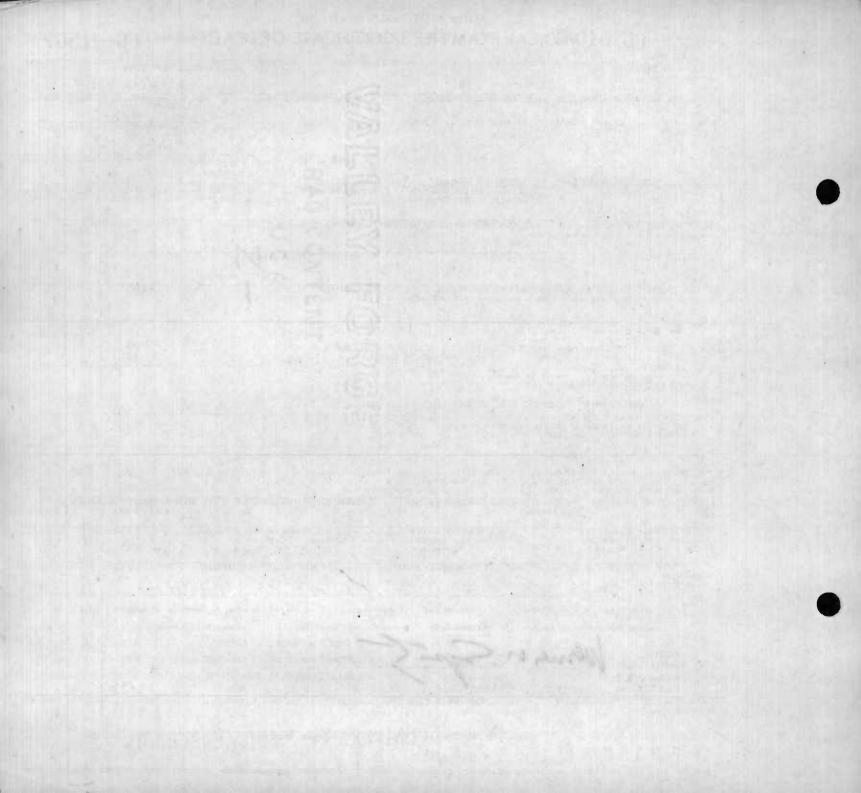


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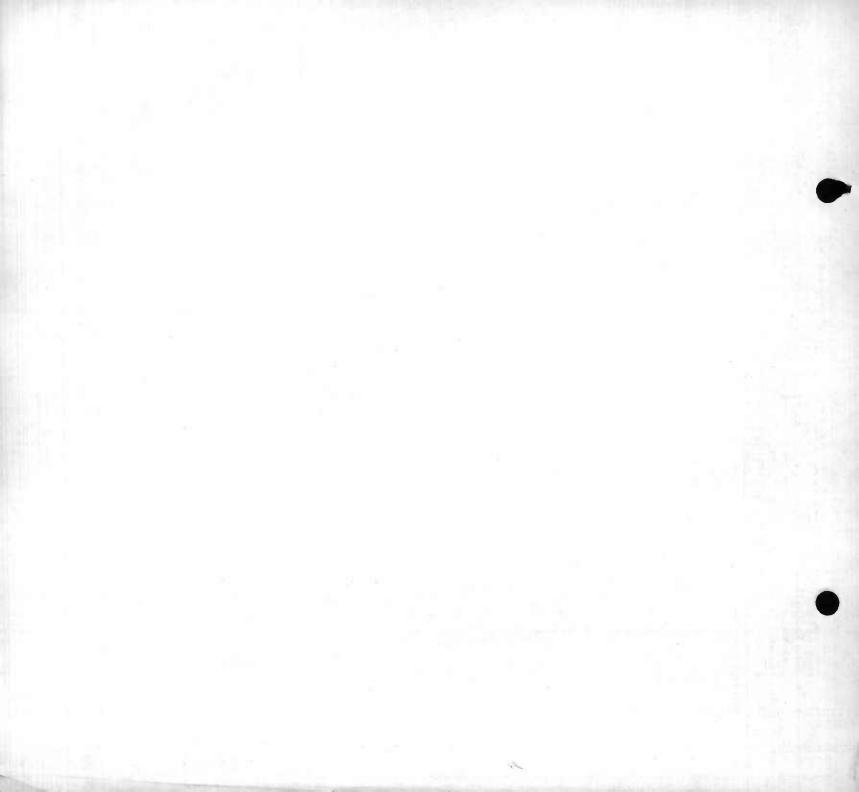
VS 151-REY. 1/1/65

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	TIMORE, MARYLAND, V			A. STATE	1	L N. P.	NTO WA
ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC		TION, GIVE STREET	BAI	F1111-	IRE.	RURAL ond give townshi
3				D. STREET ADDI	RESS III rural, p	give location)	FALLE
SEX	outh Baltimor		1 Hospital	B. DATE OF BIRTI	4	9. AGE (In years	If Under 1 Yr, If Under
			IVORCED(specify)	S. SAIL OF BALL		lost birthday	Months Doys Hours
male	COLORED UPATION (Give kind of wo	THE WIND OF	BURNESS OF INDUST	PYIL RISTHEL ACE	State or foreign	country	12. CITIZEN OF
	working life, even if retired)		BOSINESS OF INDOST	N. WINTERCE	John of lotery.	CO OTHINY?	WHAT COUNTRY?
FATHER'S NAM	ME O~			14. MOTHER'S M	AIDEN NAME	~13	
	W.				1		
	ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT	5		ADDRESS
	, , , , , , , , , , , , , , , , , , , ,						
18.	- M2		CALIS	SE OF DEATH			INTERVAL BE
Distr	SE OR CONDITION D	JINECIEI					
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(This does heart failure injury or co		of dvina e.a.	(AMultip	le Injurie	5		
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heort foilure injury or co	not meen the mode of costners of the course	of dying, e.g., ns the disease, d death.) SES ANY, GIVING STATING THE	DUE TO	le Injurie	5		
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14500	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRTH NO. M.E. CASE NO. 66 01568	CERTIFICA	TE OF DEATH	Registered No.	66 01568
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) C-ASSAH (harles	D.	14/66	11 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admissio
FULL NAME OF (If not in hospital or insti	itution, give street	MATHAND C. CITY OR TOWN (11 out		Balt
INSTITUTION			side city limits, write l	KURAL ond give fownship)
	,	D. STREET ADDRESS (IF	rurol give location)	00 00
University Hospit	Α	Spring Gro	ve State 1	latige of
SEX 6. RACE 7. MY	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. K		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
ane during most of working life, even if retired)	The second	ρ		WHAT COUNTRY?
3. FATHER'S NAME		PENNA.	4.5	USA.
		14. MOTHER'S MAIDEN NAM		
Peter G CASSATT.		5 WSA	NC.	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates al se	1 6. SOCIAL	17. INFORMANT		ADDRESS
ves, give war or dates of se	SECURITY NO.			
18 44 0 0	CAUSE O	E DEATH		INTERVAL BETWEEN
720,14-157		FUEAIN		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			0 .	
(This does not mean the mode of dying	(A) Clark	in Myseardine .	Sochenia	
heart failure, asthenia, etc. It means the d	130030,			
injury or complication which coused death.	Pu	Para Tank	Aur	
ANTECEDENT CAUSES	(B) DUE TO	end Emb		
DISEASES OR CONDITIONS, if any,	giving			
rise to the above couse (A) statin	g lhe (C)	**************************************	**************************************	0 moid = 4400000 = mir = inninen = 0 = 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0
UNDERLYING CONDITION Iosi.				
OTHER SIGNIFICANT CONDITIONS CONTRI				
19A. DATE OF OPERATION 119B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes) or No	20B IF YES WERE	FINDINGS CONSIDERED
3 1/27 60 WAS PERFORME		17.100	IN CERTIFYING CA	USES OF DEATH?
J 121 A. A CCIDENT WAS UNDERLYING - U	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Bo)timore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	tice bidg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hou	7) 21 E. INJURY OCCURRED	STE HOW DIE 1911	IBY OCCUPS	
OF INJURY		21F. HOW DID INJ	UKT UCCUR?	
(APPROX.)	While At Not While At Work	0		
22. I certify that (I) (this hospital) atte	nded the deceased from	1117	9 66 to	2 4 19 66
	Ann. I a l	. 11		
that (I) (we) lost sow the deceased aliv	e on	19 ond the	ot in (my) (our) opi	nion death occurred on the d
and hour and from the causes stated ob	ove. (1) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE			<i>k</i>	23B, DATE SIGNED
Thing m bhigh	M.D. Afte	mding Med.	Stolf Phys.	2 4
23C. PHYSICIAN'S		23D. ADDRESS	1 11 y 3, L_1	- 7
NAME (Type)	The second second	ADDRESS		***
	M.D.	ATOMY DOAD	O OF MAR	VLAND
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY II - 24D. LO	CATION (C)	ly, town, or county) (State)
REMOVAL (Specily) FFR 1 / 1000		THE DOLLAR MAD	DICAL SE	HOOL
FEB 14 1968		VERSIDE	DIVAL SU	AAO O MIII
5A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	II CERTIFIC	ADDRESS
FEB 14 1966 00 00	2 Tall was	MUKIUAR	Y SERVIC	E - BUHB
'S 150-REV, 1/1/65	-, Coules			



VS 150-REV. 1/1/65

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death

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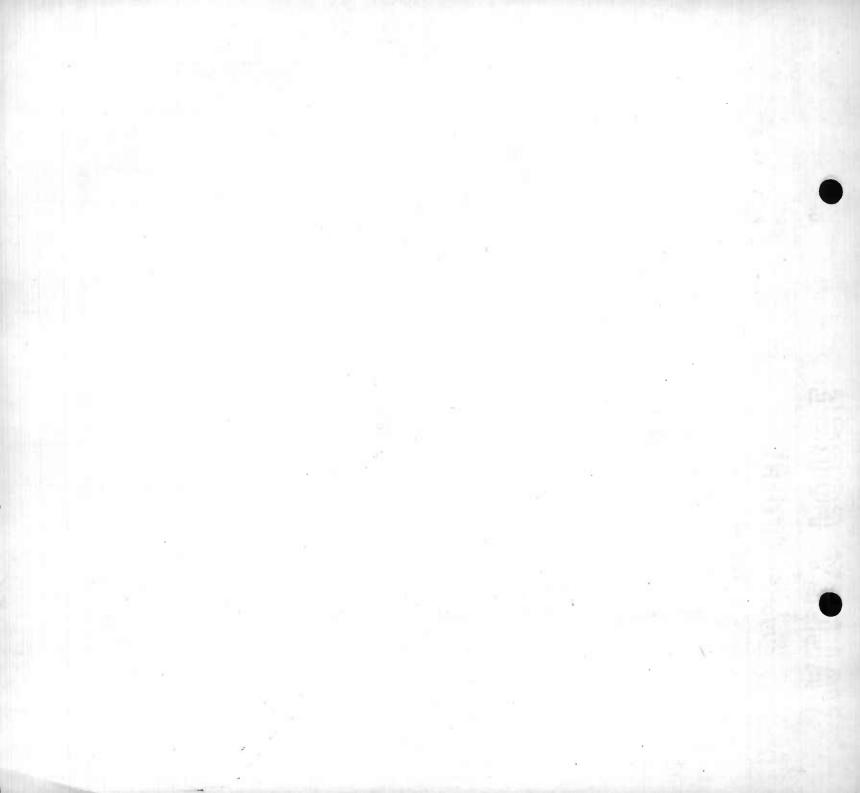
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BALTIMORE CITY HEALTH DEPARTMENT

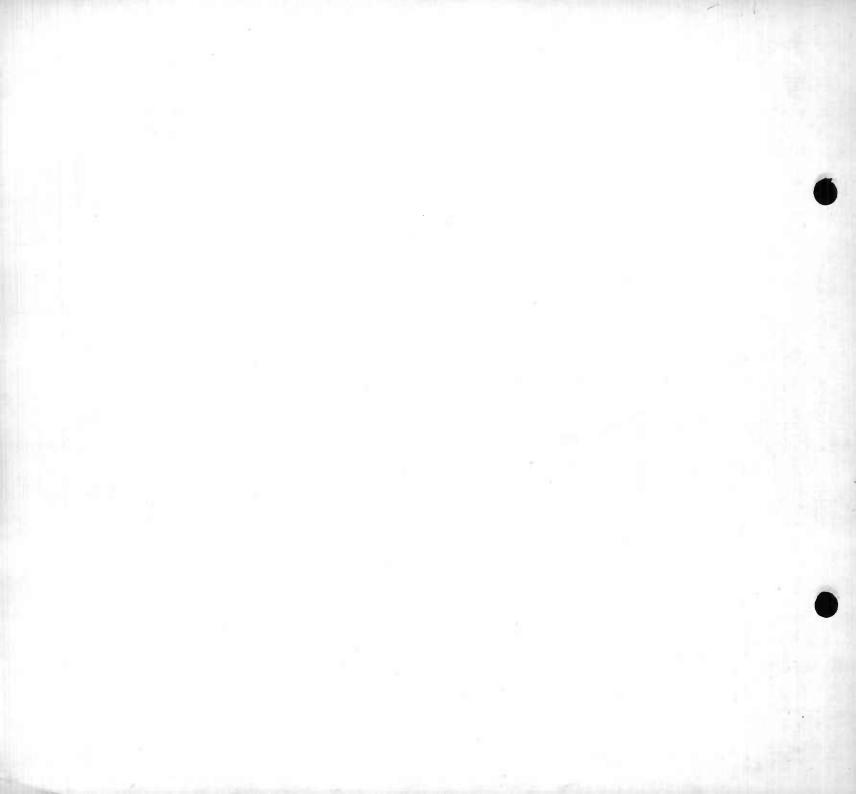
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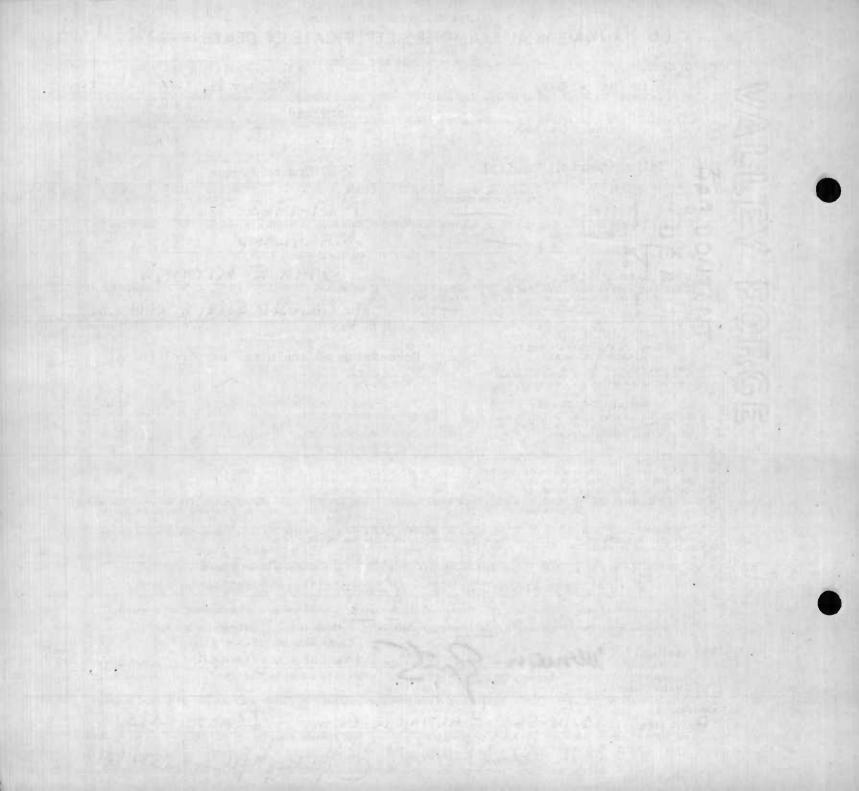
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DIRECTOR:

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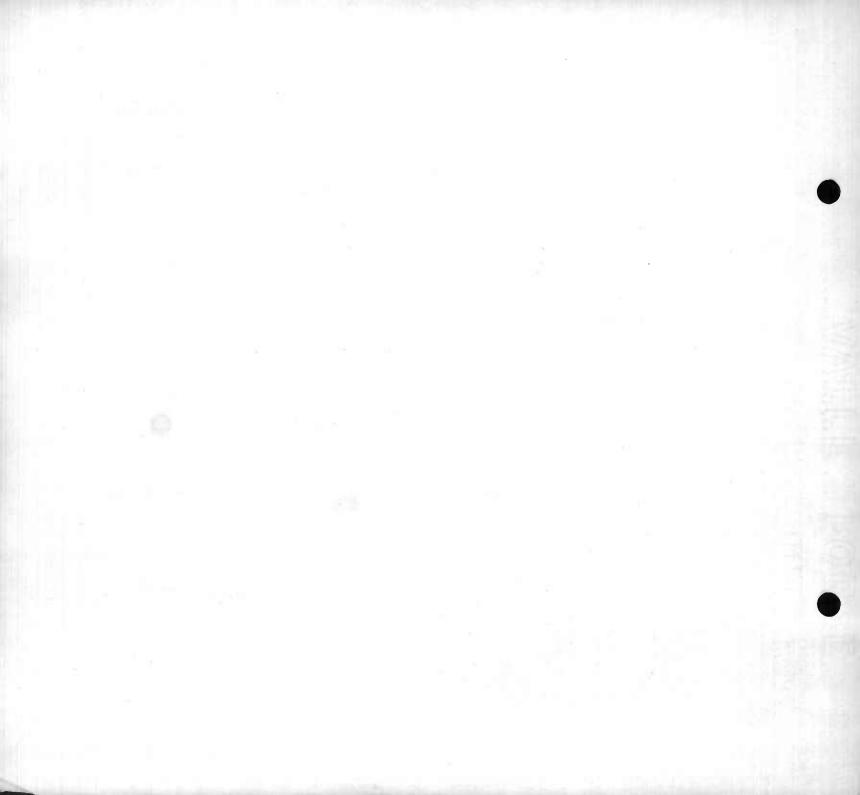


63-02434 BALTIMORE CITY HEAL	
BIRTH NO. 66 0157 MEDICAL EXAMINER'S C	EKTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) Lisa Ann SIEBOR	February 11, 1966 4:00 P.M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE PARYLAND
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
Union Memorial Hospital	D. STREET ADDRESS (If rurol, give locotion) 2919 Ereman Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Female White	B. DATE OF BIRTH 9. AGE (In years left Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
tion, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote of foreign country) NARILAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Siebor JR.	SARA E. KITTING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Mr. Edward D. Dieber Jr. 2919 Erdinan au
(This does not mean the mode of dying, e.g., head foliure, osthania, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	onset and death ussion of brain and cervical spinal cord
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of OPERATION 198. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
UTING CAUSE OF DEATH. home	in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) office bldg., INJURY OCCURY 2919 Erdman Ave.
OF INTURY	WHILE W allegedly fell down steps
ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE WETNER U. Spitz, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER Febr. 12,1966
23A, BURIAL CREMATION, 23B, DATE 23C. NAME OF CEMETERY (REMOVAL (Specify)	
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR FEB 15 1966 P. C. S.	24C. FUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/65	Church shows and Inthomas &



FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMENT	66	01572
BIRTH NO. 66-00589 CG 111572	CERTIFICA	TE OF DEATH	Registered No	
M.E. CASE NO.			OUR OF DEATH	36
(Type or Print SPRINKLE, GI	11 13/1	1/0	166	110 A 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	K CIDAR	14. USUAL RESIDENCE (Where de		1. 101
		A. STATE B. COUNTY	Can	. O.
FULL NAME OF (If not in hospital or institution, girl HOSPITAL OR oddress or location)	ve street	and.		OLL CO.
INSTITUTION			city limits, write RURA	AL ond give township)
Sina; Hospital			mpstead, give locotion)	V (1 = 0 = 0
21/14/14/03/21/14!			A B Acceptant	tue
S. SEX 6. RACE . 7. MARRIED, N	EVER MARRIED			
	DIVORCED (specily)		birthdoy) Mo	Under 1 Yr. If Under 24 Hrs.
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF	RIISINESS OR INDIISTR	Y 11 RIFTHPI ACE (State of letting	la l	CITIZEN OF
one during most of working life, even if retired)	ACCUREGE OF HADOSIK			WHAT COUNTRY?
		MARYCAN.	D	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		~
MELVIN Sprin	IKLE	MOCLIZ	BU 88A	RD
5. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.			
18.77001	CALLSE	OF DEATH		INTERVAL BETWEEN
1 / 0 . 0 .	CAUSE	Dr DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T	CIADRIATE O	SETAL IS	1 11
(This does not mean the mode of dying, e.g.,	DUE TO	CYTHRO BLASTOS	3 11211013	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		1		
ANTECEDENT CAUSES	(B)	HYDROP3		
	DUE TO			
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(0)	I MINATORITA	1	
UNDERLYING CONDITION lost.	()			
11			-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE		305		
19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20 A. AUTOPSY! (Yes or No) 20	B. IF YES, WERE FIND	INGS CONSIDERED
× ×				
OP CONTRIBUTING CAUSE OF		in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore City	y, give exact location)
DEATH (notify medical examiner) etc.)				
21D. TIME (Month) (Doy) (Year) (Hour) 21E. I	NJURY OCCURRED	218. HOW DID INJURY	OCCUR?	
₹ (APPROX) While				
Work			,	1 0 1
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that (I) (we) last sow the deceased alive an	1-8	19 CC ond that i	n (my) (abr) apinion	death accurred on the date
and haur and from the causes stated above. (1)	(We) (did not)			A 19 19 19.
23A. SIGNATURE			238	L DATE SIONED
XI. Vua. Cha	M.D. At	tending Med. Stoff ys. Director Phys	0 1	18/16
23C. PHYSICIAN'S	1	23D. ADDRESS	,	10100
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Sherman Chang	()		DE OF BELL	PA T 7 1 2 1 2 1 2 2
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25A. DATE REC'D BY HEALTH-DEPT. 25B. NAME OF	Charles and the contract of th	WISH FUNERAL DIRECTOR	o mitule	ADDRESS
FFR 1 4 1986 @ 01 5-8.	Carbent 4.0	MORTHARY	SERVICE	RCHD
		THE STATE OF THE S	VERTIVE	Deve
VS 150-REV. 1/1/65				



Type or Print)	THOMAS		STIRLIN		10 43 A	7 2
. PLACE OF DEA	TH IN BALTIMORE, M.	AKILAND		A. STATE	COUNTY	. If 'institution: residence's
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location		give street	C. CITY OR TOWN	(If outside city limits, w	write RURAL and give tow
2				BALT	MORE (Il rurol, give location	
5 TI	HE JOHNS H	OPKINS	HOSPITAL		(It rural, give location	n)
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE In years	If Under 1 Yr. Months: Doys H
MALE	WHITE		RILED (specify)	10-6-98	lost birthday	Months Doys
lone during most of	working life, even if retired)		BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUN
Retire		Truck I	Oriver		e, Maryland	
3. FATHER'S NAME OF A R I	LES STIRLI	NG		14. MOTHER'S MAIL	ENGELHART.	
5. Was Deceased	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRES
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18. 44. 9	/ . / . 1		CAUSE	OF DEATH	TOO DOT! TTHE	INTERVAL
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VS 150-REV. 1/1/65

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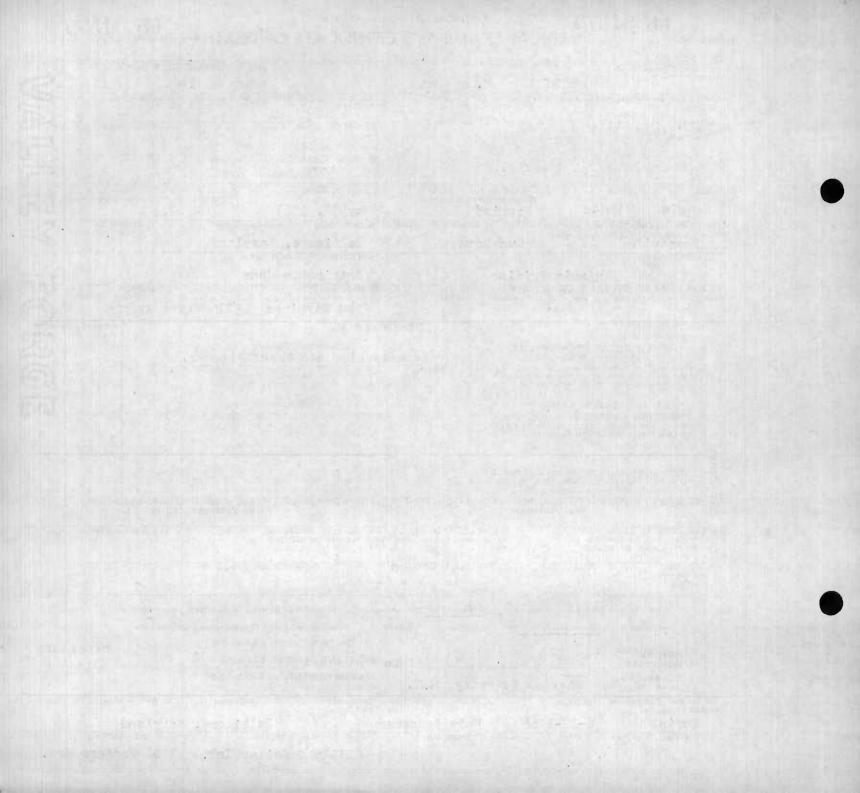
WATER WAYER

GEIMM BOUTON

BALTIMORE CITY HEALTH DEPARTMENT

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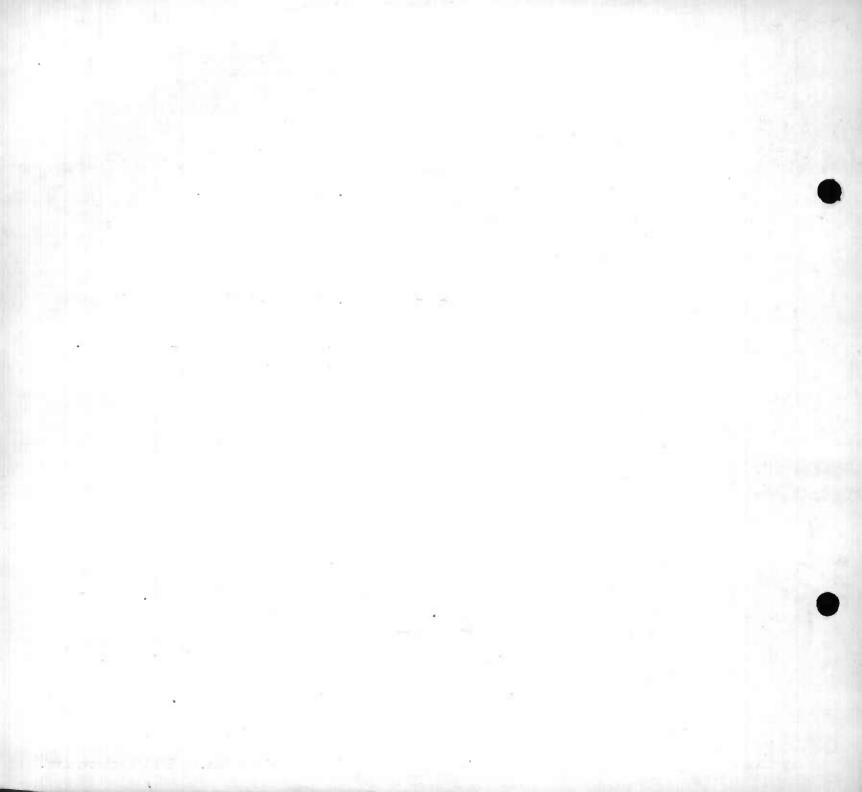
BIRTH NO.	MEDI	ICAL EX	AMINER'S C	ERTIFICAT	TE OF D	EATH Register	red Na	
M.E. CASE NO.								
1. NAME OF DEC	CATHERI	NE M	MAVRINA	C		HOUR PRONOUNCE		2.30 D
3. PLACE IN BALL	IMORE MARYLAND, W			14. USUAL RESID	ENCE (Where	ary 9, 1966 deceosed lived. If insti	tution: residence	2:30 P M.
				A. STATE Mar	yland	B. COU	NTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
INSTITUTION				Bal.	timore	76-	7)1	
Union	Memorial Hos	nital		D. STREET ADD		•	-1	
Ollion	Memorial nos	prear		571	Kavon	Avenue		
5. SEX	8. DATE OF BIRT	Н	9. AGE (In years lost birthday)		If Under 24 Hrs.			
Female	Female White Widowed, Divorced(specify) Married				1911	54		
	JPATION (Give kind of work working life, even if retired)	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF	
Housewi		Own F	lome		re, Mar			
13. FATHER'S NAM	A E	11000		14. MOTHER'S M	AIDEN NAME			DE 9.00
and the last	Benjamin H				tte Jun	е		
15. WAS DECEASE (Yes, no or unknown	D EVER IN U.S. ARMED	FORCES? s of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No				John Mar	rinac	5719 Kavon	Avenue	
18.	00.		CAUSE	OF DEATH				EVAL BETWEEN
	, I SE OR CONDITION DI	RECTLY					ONSE	I AND DEATH
	LEADING TO DEATH		(A) Arteri	oscleroti	c Heart	Disease.		
heort foilure,	not mean the mode of , asthenia, etc. It means mplication which caused (the disease,	DUE TO					
	mpression which educes	30011107					192	
	OR CONDITIONS IF A		(B)	***************************************		•••••		
RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST		DUE TO					
	NG CONDITION LAST.		(C)					
2	II .							
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT REL	CONTRIBUTION	IG					
H DISEASE O	R CONDITION CAUSING	IT.	1000000			•		
19A. DATE OF	OPERATION 198, CON		VHICH OPERATION			es or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
10				No				
	L CAUSE WAS OR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street, c	office bldg., INJURY	OCCUR?	t in Boltimore City, giv	ve exoct location	
ш	SE OF DEATH.	etc.)						
21D TIME OF INJURY	(Month) (Doy) (Year) (Hour) 2	E. INJURY OCCURRED	21 F. H	DIN DID INJU	RY OCCUR?		
(APPROX.)		m. V	HILE AT NOT	WHILE				
22.	tify that I held an li	naulry 🗆	Inspection X Aut	apsy and	d that an this	s basis, death in m	y opinion	
			coldent D Sulcid					
resul	ted fram: Natural car	uses [X]	ccident () Suicid		EDICAL EX	ndetermined manne		
ACTUA	L (1)/	01. [lety.	ASSISTANT M			DA	TE SIGNED
SIGNAT		ane,	M.D	•			2/	10/66
EXAMIN NAME (('12 020)	es S. P	etty, M.D.	ASSOCIATE M	EDICAL EX	AMINER		
23A. BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. LC	CATION (City,	town, or county)	(Stote)
REMOVAL (Specifical	2-12-19	966	Holy Redeeme:	r	Rel	timore, Mar	yland	
	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	ormore, mar	ADDRE	SS
FEB 14	1966 ()	1 E. 30	Cost, con	Lilly	& Zeile	r Inc. 19	Ol Easte	rn Ave.
VS 151-REV. 1/1/	00	1 1						

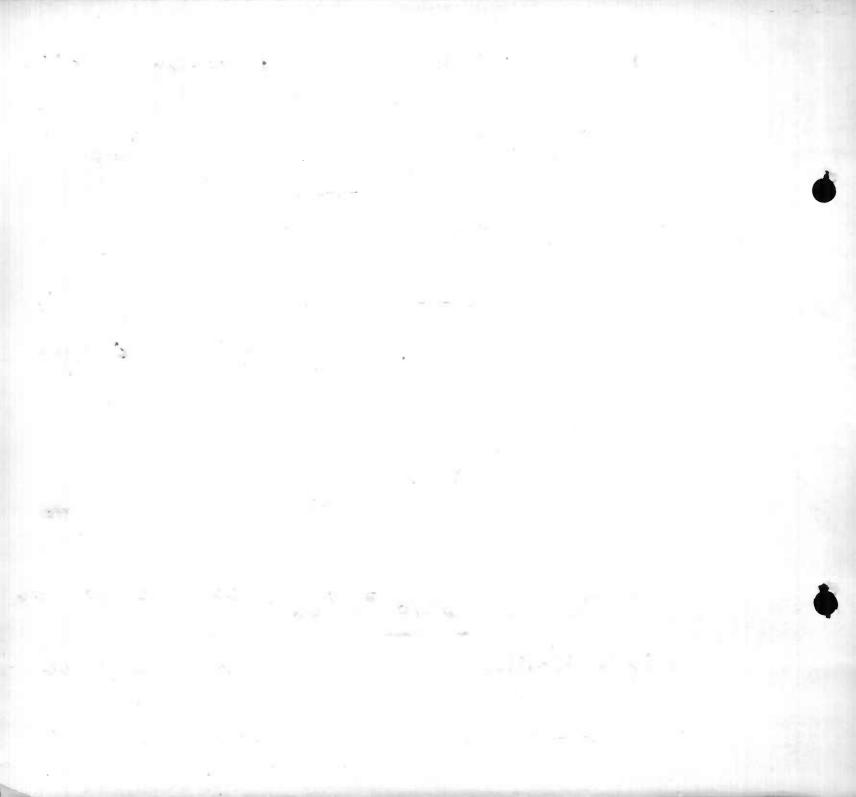


IMPORTANT

FUNERAL DIRECTOR:

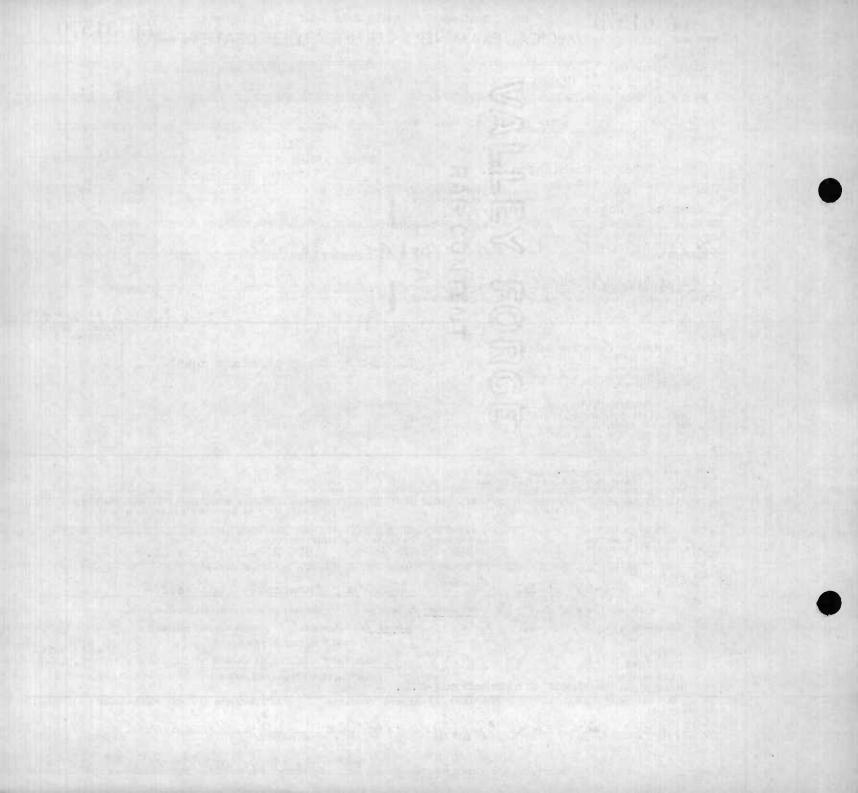
BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV, 1/1/65



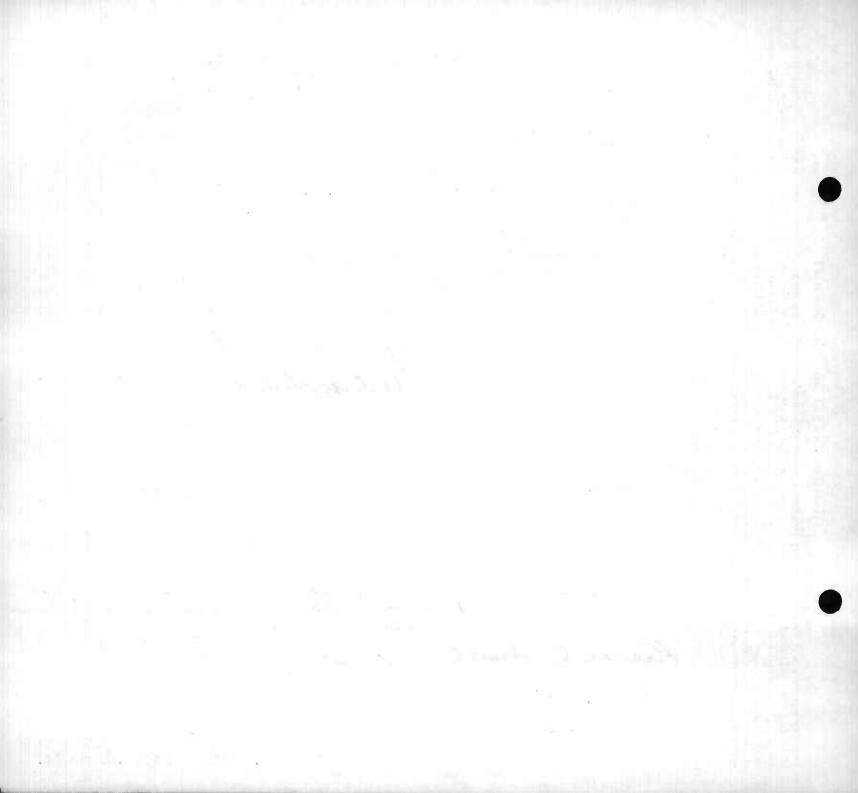


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BIRTH NO

4. USUAL RESIDENCE (Where decassed lived. If institutions rasidance bafora admission)
A, STATE
B, COUNTY Ilf autsida city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hauts 12. CITIZEN OF WHAT COUNTRY? ADDRESS 4403 Kathland Avenue INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Ilf in Boltimare City, give axact lacation) and that in (my) (aux) apinion death accurred on the date 23B. DATE SIGNED (City, town) or county) eceased Laurel, Maryland W as ADDRESS Arlington S. Phillips 1727 N. Monroe

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



6.4

VS 150-REV. 1/1/65

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IMPORTAN

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

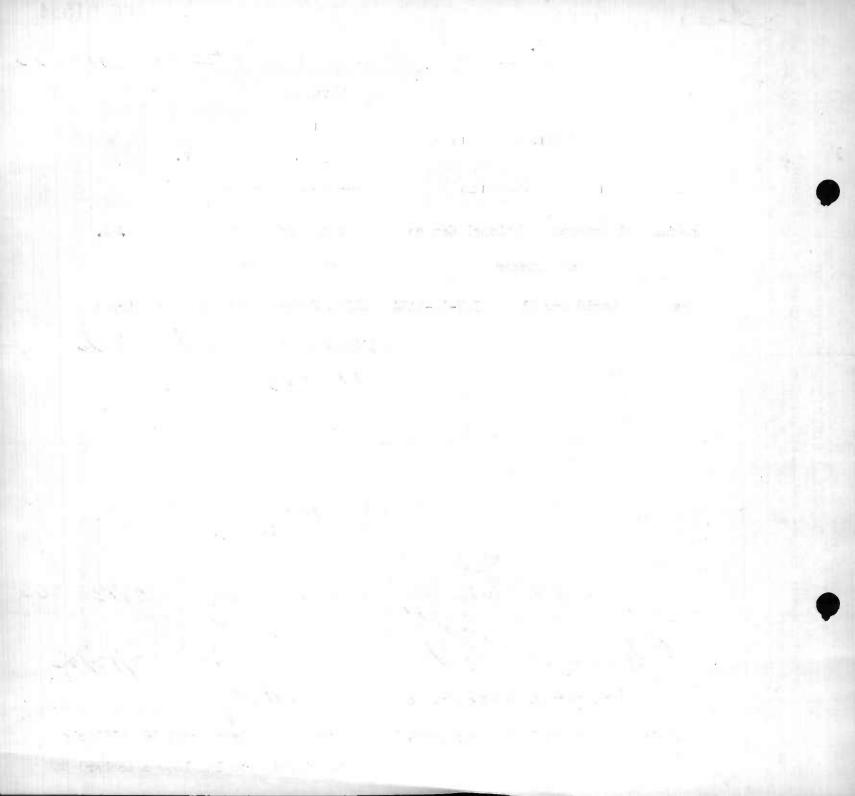
If Under 24 Hrs. Hours : Min. Hours

19: 49 Marie The There

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

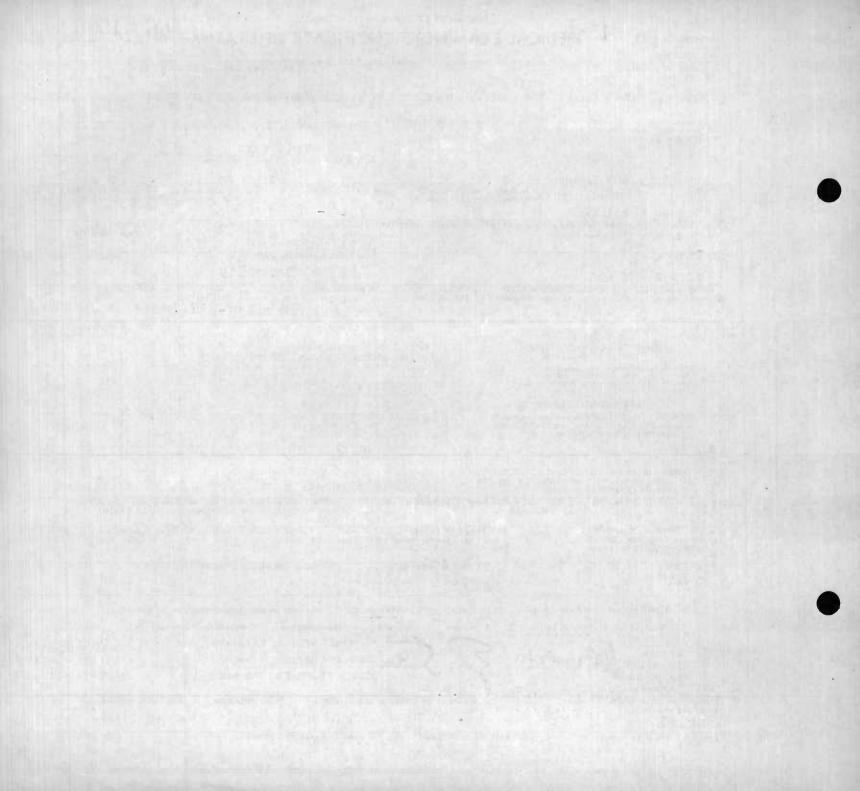
If Under 1 Yr. Months: Doys II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Alice Tucker 2207 E Lombard Street: INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) (Our) opinion death accurred on the date (City, town, or county) Illinois: Laurenceville The Dippel Bros Inc 1800 E Lombard St



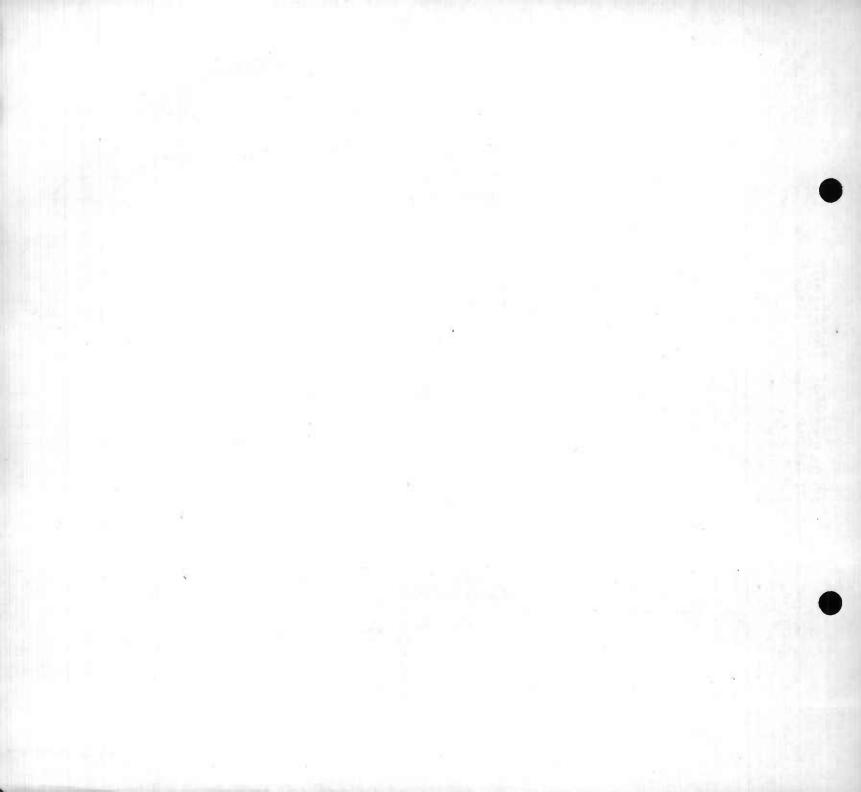
	BALTIMORE CITY HEALTH DEPARTMENT	04585
	CERTIFICATE OF DEATH Registered No.	
1. N (Ty)	AME OF DECEASED JOHN HILL 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If instituted) [4. USUAL RESIDENCE (Where deceased lived, If instituted) [5. DATE AND HOUR OF DEATH [6. DATE AND HOUR OF DEATH	6 3/P.
	CULL NAME OF HOSPITAL OR NSTITUTION (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (If outside city limits, write RUR	3-01
0	909 S. SHARP D. STREET ADDRESS (If rurol, give locotion) 909 S. SHARI	PST
5. 5	MOVED DIVORCED (specify) 8-13-1902 lost birthdox	f Under 1 Yr. If Under 24 Hrs Nonths Doys Hours Min. 2. CITIZEN OF
don	EATHER'S NAME	WHAT COUNTRY?
	LAWRENCE HILL MARY L. COLL Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	INS ADDRESS
(Ye:	, no of unknown) (If yes, give wor of dotes of service) SECURITY NO. SUSIE FOSTER 900	S. SHARPST.
	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Coornel HomA of DUE TO	CHRAOW
	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	
ATION	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINITION IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 121C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	ity, give exoct locotion)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While At Not While At Work	
	22. I certify that (1) (this hospital) attended the deceased from 2 10/1966 to that (1) (we) lost saw the deceased alive an 2 9/1966 and that in (my) (aur) apinia	10 19 66
	and haur and from the causes stated abave. (1) (We) (did) did nat) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. Phys.	8. DATE SIGNED 66
	23C. PHYSICIAN'S NAME (Type) OF S. BRAKOW JR M.D. 23D. ADDRESS 9228, SHARP ST.	18 AUT 30 MI
В	urial 2-I4-66 Mount Auburn Baltimore Cit	
	FEB 1 4 1966 (2) 12 E Tarbuma 25c. Funeral director 15813h Lings 8 mer 3 n St Se	ADDRESS

VS 151-REV. 1/1/65

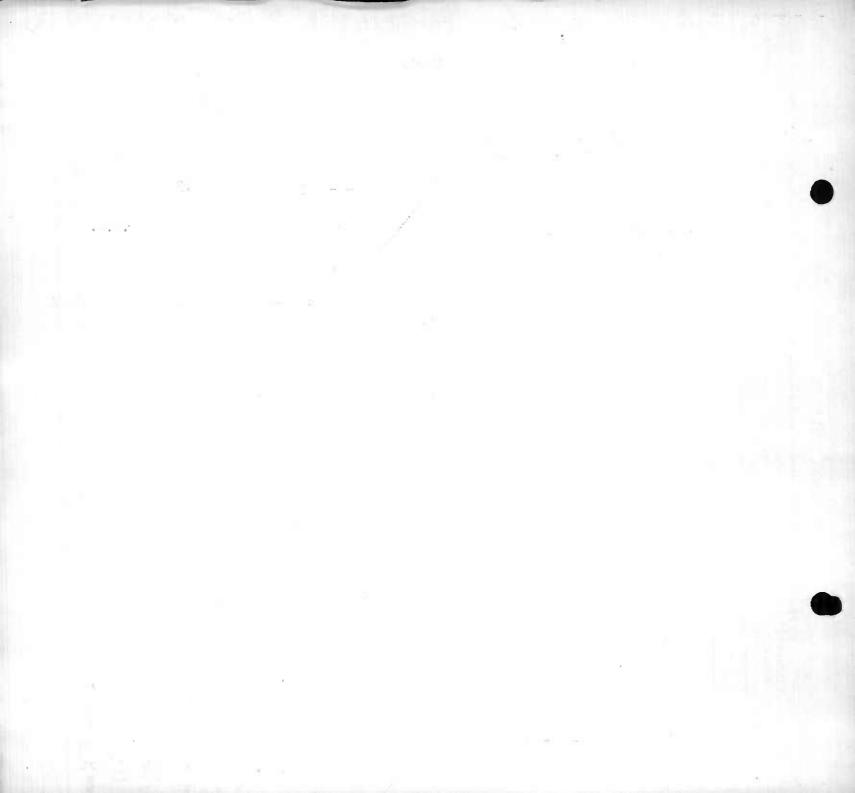
Din	rh NO. 6	8 015	alen.	ICAL EX	BALTIMORE CITY HEAD	TH DEPARTMENT	TE OF D	EATH Page	6,0	1588	
	E CASE NO.		IVILD	ICAL LA	AMIIATI 2 C	LKIIIICA	IL OI L	LA III Kegisie	100 110		
1,	NAME OF DEC	CEASED		Hilda	Hunter		2. DATE AND	HOUR PRONOUNCE		12:45	p
3. 1	LACE IN BALT	IMORE, MAR	YLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where	eceosed lived. If insti	itution: resid		M.
HO	LL NAME OF SPITAL OR TITUTION		IN HOSPITA		UTION, GIVE STREET	M	laryland wn (If outside	corporate limits, write		nd give townsh	nip)
0		000 7	1 1	-17 0-		D. STREET ADD		give locotion)	0-0	1	
5. 5	EX	6. RACE	eadenr	all St.	NEVER MARRIED	8. DATE OF BIRT		eadenhall St		1 Yr. If Unde	24 Hrs.
	female	color	ed		DIVORCED(specify)	II-9 -		last hirthdoyl	Months	Doys Hours	Min.
	USUAL OCCU			TOB. KIND O	F BUSINESS OR INDUSTR	Baltimo		country)	12. CITIZE WHA	N OF	
13.	FATHER'S NAN	NE .				14. MOTHER'S M			1		
N	orman 1	Brown				Lillie	Board	ley			
15.	WAS DECEASE , no or unknown	D EVER IN U			16. SO CIAL SECURITY NO.	17. INFORMANT		0077	ADDRESS		4-
						Roland	Boardl	ey-83I Le	auen	USIT D	C
CERTIFICATION	DISEASES RISE TO TH UNDERLYIN OTHER SIGI	INTECENDER OR CONDITI E ABOVE CA NG CONDITI II NIFICANT CO DEATH BUT	mode of it meons ch coused NT CAUSE ONS, IF A USE (A) S'ON LAST.	dying e.g., the discose, deoth.) S NY, GIVING TATING THE CONTRIBUTI LATED TO 1	(B)	and bron					
RTI	DISEASE OF	OPERATION			WHICH OPERATION	_		OB. IF YES, WERE FIR	NDINGS C	ONSIDERED	
	2		WAS PER			yes		N CERTIFYING CAUS	SES OF DE	ATH?	
MEDICAL	21 A. EXTERNA UNDERLYING UTING CAU	OR CONTRIE	3-	21 B. home etc.)	PLACE OF INJURY (e.g., e., form, foctory, street,	in or obout 21C. Notice bldg., INJUR	WHERE DID (I	in Boltimore City, gi	ve exoct lo	cotion)	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (E	Doy) (Yeo		WHILE AT NOT AT W	WHILE	OW DID INJU	RY OCCUR?			
	22.	ify that I he	eld on I	nauiry 🗆	Inspection Au	topsy X an	d that on this	bosis, death in m	v opiniar		
		ted from: N			Accident Sulcid	CHIEF M	ide U	ndetermined manne		DATE SIG	GNED
	EXAMIN	ER'S	rner I	J. Spita	Y	ASSOCIATE N			2/8	3/66	
	BURIAL CRE	MATION, 23	B. DATE	23	C. NAME OF CEMETERY			CATION (City,	town, or o	county) ((Stote)
B	urial		2/12		Mt. Auburn			ltimore		Maryla	nd
24/	. DATE REC'D			24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		A	DDRESS	
		R 1 4 10	220	17 5-5	A TO LESS MAIN	1		-1			



DEDES M.E. CASE NO. 6.5-30276 66 1158	CERTIFICA	ATE OF DEATH		66 111587
1. NAME OF DECEASED (Type of Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ln		2 - 6 6	1130 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND TO STATE OF DEATH IN BALTIMORE, MARYLAND STATE OF DEATH IN BALTIMORE, MARYLAND GOOD IN STITUTION GOOD IN PROPERTY AND	on, give street	BALTIMORE C. CITY OR TOWN (II outside	9	401
5 601 N BROADWAY /2120	1/al	MARYLAND D. STREET ADDRESS (If roise) 1117 HAUBERT	ol, give locotion) STREET	21230
	ED, NEVER MARRIED		AGE (In yeors st birthdoy)	H Under 1 YI. If Under 24 His. Months Doys Hours Min.
done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	17471	and	12. CITIZEN OF WHAT COUNTRY?
CHARLES BURDINSKI		WIMMER CHE	ERYL	
13. FATHER'S NAME CHARLES BURDINSKI 15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	Charles Bur	dinski	ADDRESS 11 17 Haubert 57, INTERVAL BETWEEN ONSET AND DEATH 3 Mgs
DISEASE OF CONDITION DIRECTLY	CAUSE	DF DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e heoil foilure, osthenio, etc. II meons the diseo injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, given the course of the obove cause (A) stoling UNDERLYING CONDITION lost.	56,	ical proceeds partial cour defects (AS		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE OPNICE OR WHICH SPERATION	e gpella pre	+ port o	WHOLINGS CONSIDERED
U 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	thou great wen		OLKIII III O CAO	SES OF DEATH? City, give exact locokon)
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED While At Not Whi Work At Work		RY OCCUR?	40
22. I certify that (I) this hospital) aftended that (I) (we) lost sow the deceased alive a and hour and from the causes stated above	on	19.6.6 ond that	in(my)(our) opin	11 pm = 1/2-1966, nion death occurred on the date
23A. SIGNATURE Paul M Leanes 23G. PHYSICIAN'S	M.D. AH	tending Med. St ys. Director PI	hott by s	238, DATE SIGNED 2/12/66
23C. PHYSICIAN'S PAUL EAND 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	M.D.	601 N BROAD	WAY 21	OSPITAL 205 y, town, or county) (State)
BEMOVAL (Specify) Bariz / 2/15/66 25A, DATE REC'D BY HEALTH DEPT. 25B. NAM	edar Hill C	25 FUNERAL DIRECTOR	al Time,	Md.
FEB 1 4 1966 A C 5- E	Farleyna.	SPENTING (501 E. Fo.	of Averago Ans

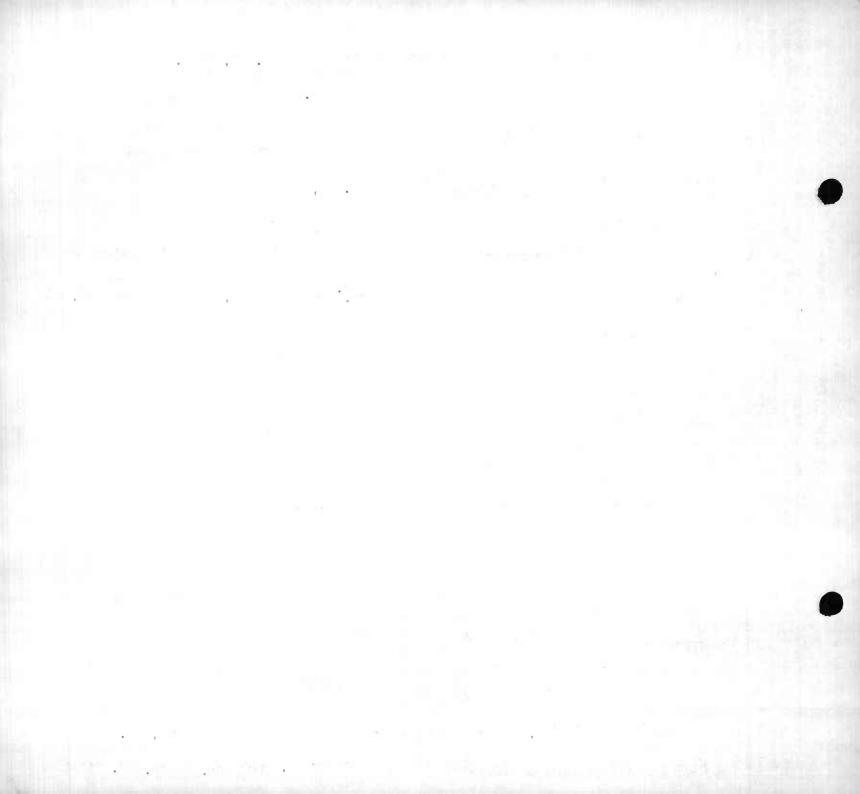


SAB-38-79-89 1	1			BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTH NO.	66 (11588	CERTIFICA	TE OF DEATH	Registered Na	66 41588
of death of death Deceased e on the		OF DECEASED LA W. TE			2. DATE A	ND HOUR OF DEATH	1
D = 0 = 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	(Type or Pr	Lave.	Carrie	Marie	9	-12-6	6 1 9:15 PM.
	3. PLACE	OF DEATH IN BALTIMORE,	MARYLAND		A. STATE B. COU		institution: residence before admission)
hospi ise o (5) D ance deat	FULL N	AME OF (If not in hosp oddress or loc	oitol or institution, g	ive street	Maryland)_'	-03
	INSTITU	TION Baltimore	City Hospi	tals	Baltimore	utside city limits, write	RURAL and give township)
F 3	72/	4940 Easte			D. STREET ADDRESS	rurol, give location)	
		Baltimore,	Maryland	21224	3310 Batavia	a Avenue	21214
death occurred in to contributing Undetermined car as in regular at edecased prior stitum is made.	5. SEX Femal	6. RACE White	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 73	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
ontho ontho					11. BIRTHPLACE (State or fore	/-	12. CITIZEN OF
det det		most of working lile, even if retir			Maryland		WHAT COUNTRY?
ded Und	112 EATHE	sewite PS NAMED			14. MOTHER'S MAIDEN NA	ME	U.D.A.
. # 2€ ≥ ± 3							
Z tip 9 4 5 5	11 3/6	ederick Shageceased Ever in U. S. Amfedenknown) (III yes, give wor or	OGUE	1 6. SOCIAL	Caroline O	Connon	ADDRESS
SSISTAN the di the di death nce on	(Yes, no ar u	nknown) (II yes, give wor or	dotes of service)	SECURITY NO.	Records:BCH-494	O Factorn	Avenue 21224
02 Y T E II		1 7 4 . / 1		CAUSE O	F DEATH	to Bastelli I	INTERVAL BETWEEN
MPOI his as so, if of any unced tenda		DISEASE OR CONDITION	DIRECTLY		2		ONSET AND DEATH
or his Also	(7)	LEADING TO DEA		(A)(mumoned		1 day
	hearl	does not mean the mode failure, asthenio, etc. It me	ons the disease,	DUE TO			V
OR: inerine	injury	ANTECEDENT CAU		(B) C	namomy	Ineas	t 2 years
RECTOR: examiner. 3) A fracture who produce on regular		ASES OR CONDITIONS,		DUE TO			
	rise	to the above couse	(A) slaling the	(C)			
edical dical urns; vsicial		11	•				
RAL DI f medical medical / burns; / burns; gphysicia	O THE	R SIGNIFICANT CONDITION THE DEATH BUT NOT	S CONTRIBUTING	2	•		15
RA me me y bu phy phy	I d DISE	SE OR CONDITION CAUSI		- 1000	20A. AUTOFSY? (Yes or N	all and the Area weeks	S ARAL
FUNERAL be chief med by a medi 2) Body bur e the phys physician w	E	WAS WAS	PERFORMED	THICH OFERATION	YES	IN CERTIFYING C	AUSES OF DEATH?
- == == = = = = = = = = = = = = = = = =	OR CO	CCIDENT WAS UNDERLYIND ONTRIBUTING CAUSE OF	1G 21 & home etc.)	PLACE OF INJURY (e.g., i e. lorm, loctory, street, o	n or obout 21 C. WHERE DID Iffice bldg., INJURY OCCUR?	(II in Boltime	ore City, give exoct location)
7.2 0 2	0	ME (Month) (Doy) (Y	eor) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
roved by the hosp of the hosp	₹ (APPR		Whil	e At Not Whi			
he he	440	certify that (H)(this hosp	oital) attended th	e deceased fram	10-15	19 63 ta	2-12 1966,
0 0 0		H (we) last saw the dece	eased alive an	5-13	19 G G and t	hat in (my) (aur) ap	pinian death accurred on the date
9705		aur and fram the causes	stated abave. (1)	(We) (did) (did not)	view the bady after death.		
	23A. SI	GNATURE				e. n	23B, DATE SIGNED
must eleas ccide 1 hos		Thomas	> 3/m	M.D. Att		Stoff Phys.	3-19-66
	23C.PI	AME (Type)		•	23D. ADDRES 40 Easte	ern Avenue, I	Baltimore Maryland
certificate m body was rel vs. (1) An acc D.O.A. at a lassed prior to			95 2	IZIC M.D.	531 W.	Wash.	11, 5011, 5 M
E TO O O	24A. BURI.	AL CREMATION, 24B. DAT		ME of CEMETERY of CR			City, town, or county) (State)
This certhe boding was 6 decease bodings.	buri 25A. DATI	REC'D BY HEALTH DEPT.	25B. NAME O		emetery B	altimore,	Md.
This certif the body shows: (1) was D.O. deceased	FER	1 / 1066 A A	42 Fal		leonard 9.	Ruck Inc	Baltimore, Md.
	VS 150-RE	V. 1/1/65	المال حاليا	DEUT ST			



IMPORTANT

FUNERAL DIRECTOR:



BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 66 0159 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 1591 M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Ε. HORACE HESS February 9, 1966 11:00 P 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B. COLINTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give location) South Baltimore General Hospital 1310 William Street 21230 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Months, Doys, Hours, Min. Male White WIDOWED XXX 44 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no orunknown), (If yes, give wor or dates af service) SECURITY NO. NO 214-14-9212 MRS. MARY R. KOCH, 2007 GRIFFIS AVENUE 21229 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A) Arteriosclerotic Heart Disease. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ON H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) (Hour) (Year) OF INJURY WHILE AT (APPROX.) NOT WHILE 22.

Autopsy X

Hamicide

M.D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

23D. LOCATION

Suicide

23C. NAME of CEMETERY OF CREMATORY

WOODLAWN CEMETERY

and that an this basis, death in my apinian

BALTIMORE

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. #29

Undetermined manner

DATE SIGNED

(State)

2/10/66

(City, town, or county)

MARYLAND ADDRESS

Inspection

clly

Accident

I certify that I held an Inquiry

resulted fram: Natural causes X

23B. DATE

2/14/66

alle

Charles S. Petty, M.D.

24B, NAME OF REGISTRAR

ACTUAL

BURIAL

VS 151-REV. 1/1/65

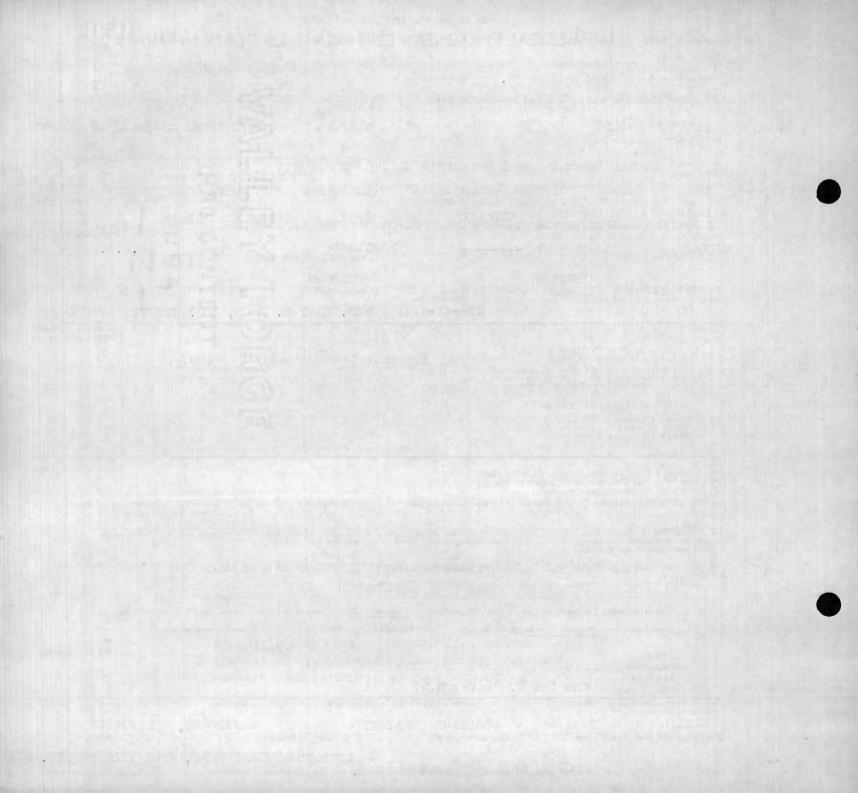
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EXAMINER'S

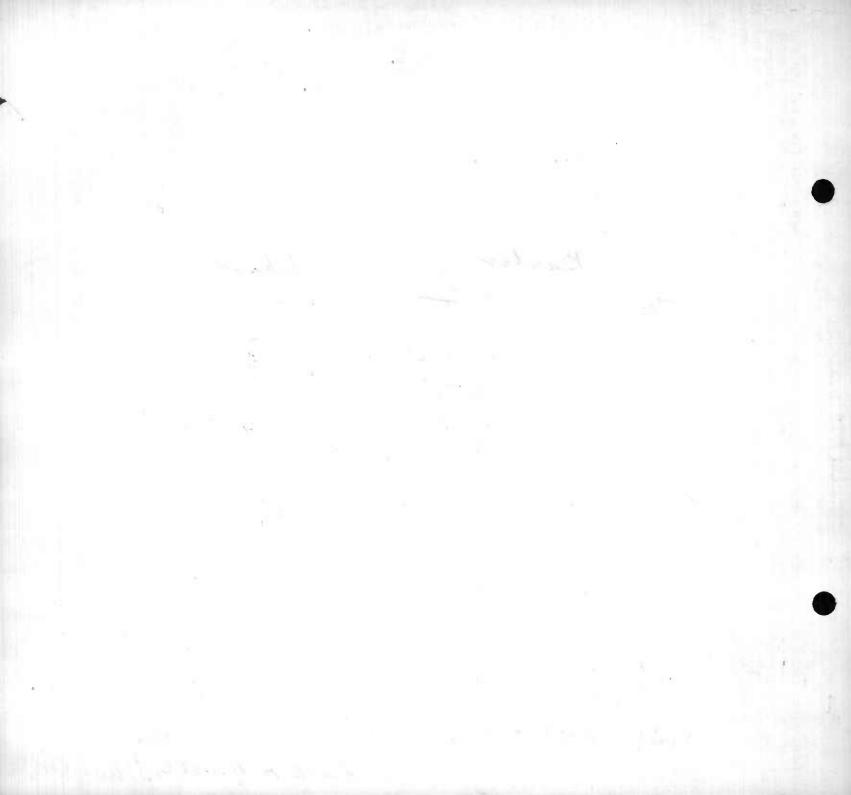
NAME (Type)

23A, BURIAL CREMATION.

24A, DATE REC'D BY HEALTH DEPT.



SAB-4	5-62-72					ALTIMORE CITY	HEALTH DEPARTMENT		
110	1000-	BIRT	H NO.	66 015	92 c	ERTIFICA	TE OF DEATH	Registered Na.	ss 01592
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	dea dea eas n +		e or Print)	DWE	LILLIA	N B.	2/3	166	1.50 A
	of d of d Dece	3. F	LACE OF DEATH	IN BALTIMORE, MAI	RYLAND			here deceased lived. If ins	stitution: residence before admission)
	4						2.5 40 LODA	E FOREST	lore
	hos use dan de	l l	ULL NAME OF	oddress or location	or institution, give stree)	t	C. CITY OR TOWN, A III C		
	L ca ca tend		NSTITUTION				Baltin		Md.
	in agents	3	BALTIMO	RE CITY	/ HOSPIT	ALS	D. STREET ADDRESS	If rurol, give tocotion)	7100
	P - G - G	49	40 Easter	n Avenue, Ba	Hospi7	yland	2549 Lodge For:	rest Road	21219
	ribut mined gular sed p	5. \$	EX 6. R	ACE	7. MARRIED, NEVER	MARRIED CED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	age as a		+	W	WIDOWE		11-30-15	90	
	n is			TION (Give kind of working life, even if retired)		SS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	in de rioit	doll	UNEMPLO.				MASS		VSA
	de Uru	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N.	AME	
in the	÷ 0 € 3 + 3 d s			- Bas	ber.		-1,1	wow	
Z	d: 4 d:			r in U. S. Armed Ford		IAL	17. INFORMANT	ne re-	ADDRESS
Z	he he kin	(Yes	, no or unknown) (III	yes, give wor or dote	s of service	URITY NO.	Records:BCH-49	An Eastern Av	enue 21224
SRT ORT	y y d	-	18. // 100	6.11	0 2 1/0 1/1	Z CAUSE C	F DEATH	40 Bastelli Av	INTERVAL BETWEEN
EXAMINER IMPC	an and		7001	R CONDITION DIR	ECTLY TO	XX		0 0	ONSET AND DEATH
MP	Also of our tte			DING TO DEATH	PR	Z LAX	Arteriord See	wit Leslas	. yeary
XA.	ono and		(This does not a	mean the made of senia, etc. It means	dying, e.g.	000000	1.4	000 0 000 0 000 000 0 000 0 1 00 1 0 000 0 000 0 000 0 000 0 000 0 0 0 0 0	
D C E	ner ner pr			atian which caused	death.)	E S	Soul lite		
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E C	Xa Xa W W			CONDITIONS, if a bave cause (A)		78.C			
MEDICAL	3 e e in		UNDERLYING C		HE THE	7			
	dical dical rrns; rsici was			11	27	5	***************************************		
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8	TE Y G D D	CAI		FRATION TIPE CON	T. DITION FOR WHICH C	PERATION	ADA. AUTOPSY? (Yes or	No. 208. IF YES WERE F	
RELEASED	Boog Boog	CERTIFIC	0	WAS PERF			+ NO	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
日日	by by phy or	CE	21 A. ACCIDENT A	WAS UNDERLYING	218. PLACE	OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Boltimore	City, give exact lacotion)
H	tal tal	CAL	DEATH (notify me	dicol exominer	etc.)	octory, street, o		1	a of District
	by why N ()	_		onth) (Doy) (Year)	(Hour) 21E, INJURY	OCCURRED	21F. HOW DID IN	VJURY OCCUR?	4 Jeage Buest
	hos hos nat hos dine	\$	(APPROX.)	1 - 7 - 66	White At Work	Not Whi At Work	le D Fel	ll down	9
	y n y n xce		22 Leastifu tha) attended the dece		.15/44		2 3 19 66
	app f an f an (e)		•	t sow the decease		13/26			alon death accurred on the date
	sed to ant of ipital eath)					*	view the bady ofter deoth		non deam deconed on the date
	leased to ident of hospital of death)		23A. SIGNATURE		0 00000	ara/ (esigniar)	view like budy offer deoff		23B. DATE SIGNED
	lea lea hos o d			Dy (+	the pan	M.D. Att	ending Med.	Stoff Phys.	2/3/66
	E 0 0 m + 0		23C. PHYSICIAN'S	1	- Cora	1		astern Avenue	
	was r An a L at prior		NAME (Type)	Dr. P. F	ALCO N	M.D.	BCH	,	, Daroimore, Page
		24A	BURIAL CREMAT	TION, 24B. DATE	1 124C. NAME of	CEMETERY of CR	EMAJORY / 24D.	LOCATION (Cit	y, town, or county) (State)
	E TO O O C		REMOVAL IS ec	7,4.7.	de lipo	MUUUU	of Comoton &	Merett. 74	and .
	the bod shows: was D.C decease	25A	DATE REC'D BY	HEALTH DEPT.	258. NAME OF REGIS	TRAR	25C. FUNERAL DIRECTO	OR S	ADDRESS OF T
	This the less show was dece	ii.	EEB 14	1966 Poleni	5 & Farkey M	LA .	Frank H	Mentell	(lesselle Int
		VS	150-REV. 1/1/65	1/8-00	101			11	V



IMPORTAN

DIRECTOR:

FUNERAL

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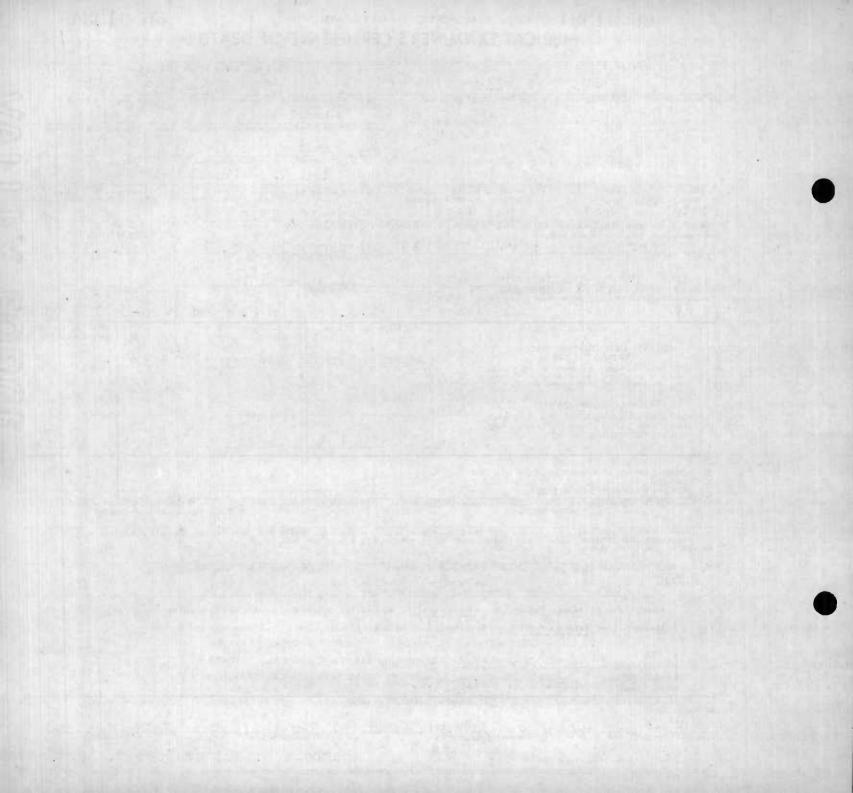
Teres Deven

Les Sala Carline

ATLES CASS PAID ETHER TRACE TO SEE THE

Beautic River Belling Paren Car Christia

BIRTH NO.	MED	ICAL EXA	MINER'S C	ERTIFICATE OF DEATH Registered No					
M.E. CASE NO.		and the state of t							
1. NAME OF DE	IRVIN	Karlier	HENDERSON	February 11, 1966	2:15 A				
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence	М.				
				A. STATE B. COUNTY					
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTIO	N, GIVE STREET	C. CITY OR TOWN (II outside corporate limits, write RURAL and gi	ve township)				
INSTITUTION				Baltimore 15-03					
Prov	ident Hospita	1		D. STREET ADDRESS (If rural, give location)					
	i i i			1516 N. Smallwood Street					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)				B. DATE OF BIRTH 9. AGE (In years III Under 1 Yr Months, Days	If Under 24 Hrs.				
Male	Negro	Marri		Sept 10. 1910 55					
	UPATION (Give kind of working life, even if retired)	108. KIND OF BU	SINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O WHAT CO	F UNTRY?				
Labore	er	Bureau c	of Mkts	Simpsonville, S.C. II.S.					
3. FATHER'S NAM	ME			14. MOTHER'S MAIDEN NAME					
	Young Hende			Ella Meekins					
	ED EVER IN U.S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 16	N.				
No		2		Mrs. Tommie L. Henderson-Smal	lwood S				
18.	2.7	DE LOS	CAUSE		RVAL BETWEEN				
OTHER SIG	II		(C)						
DISEASE	DEATH BUT NOT RE	i IT.	A7000000000000000000=-=00		1 1 0 7 4 6 5 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
19A. DATE O	F OPERATION 19B. CON WAS PER		CH OPERATION	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
UNDERLYING CAL	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. PLA home, lo etc.)	CE OF INJURY (e.g., im, loctory, street,	n or about 21C. WHERE DID (III in Baltimare City, give exact location ffice bldg., INJURY OCCUR?	5)				
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo			21F. HOW DID INJURY OCCUR? WHILE					
22. 1 cer	rtify that I held an I	nguiry In	spection X Au	opsy ond that on this bosis, death in my opinion					
	Ited from: Notural co								
		Acc.	17	CHIEF MEDICAL EXAMINER					
ACTUA		04 1 1	sety up	ASSISTANT MEDICAL EVANINED X	ATE SIGNED				
SIGNAT	HED'S	pure !	M.D	ASSOCIATE MEDICAL EXAMINER	/11/66				
NAME ((Type) Charle	s S. Pett	у, М.Д.		FEW LI				
BA. BURIAL CRE		23C. N	AME of CEMETERY	CREMATORY 23D. LOCATION (City, town, or county	(Stote)				
Burial	2/14/	166 Ar	butus Nem	orial Park Arbutus Balto Co	5MT				
4A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C. FUNERAL DIRECTOR ADDR					
FEB 1	4 1966 R. Pm	Ar E, etail	best I'm	Herbert E. Nutter 3035 W.	North A				
/S 151-REV. 1/1.									
VS 151-REV. 1/1/	/65		and the same of th						



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

> WINDSOR INTERVAL BETWEEN ONSET AND DEATH

U.S.A

ADDRESS

8:05

If Under 24 Hrs.

Hours

(If in Boltimore City, give exact location)

Ban wars ?ond that in (my) (aur) apinion death occurred an the date

VS 150-REV. 1/1/65

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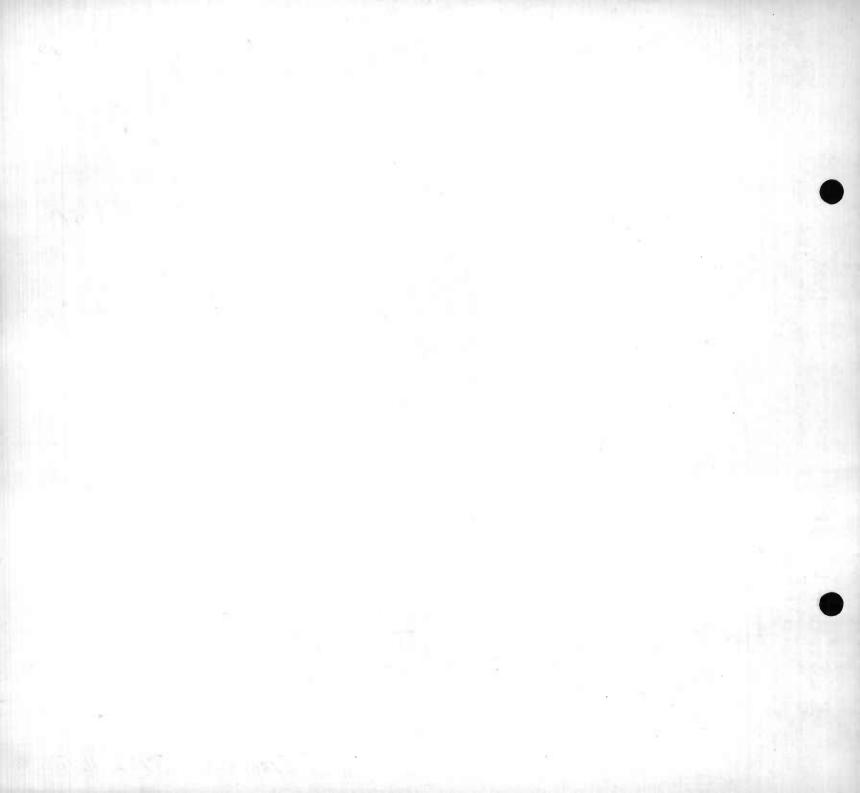
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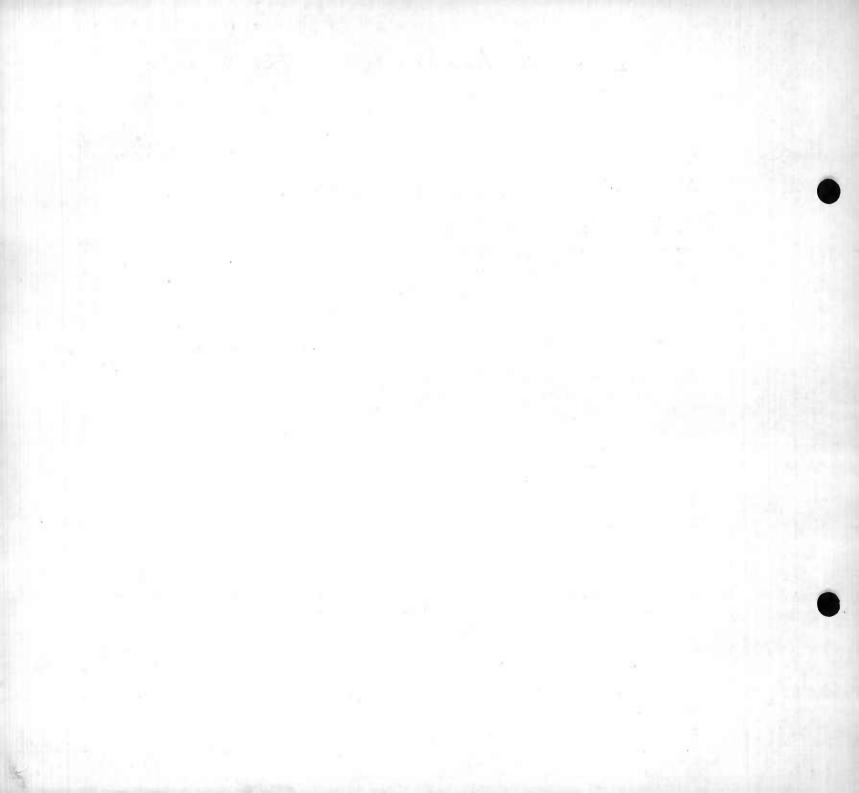
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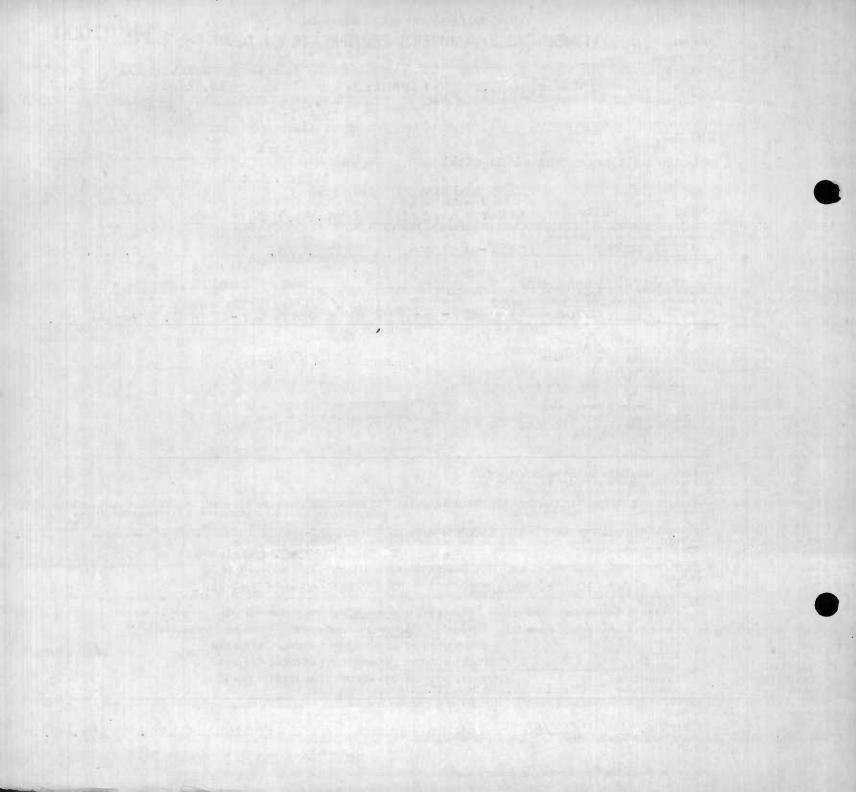
-	~>	
-5	se of death (5) Deceased	death. Such
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	to the following the properties who promote again was in regular annualities on the state of the
IN	direct or cond; (4) Undeter	deceased prior to death); and (6) No physician was in regular attendance on the deceased pri
FUNERAL DIRECTOR: IMPORTANT	Also, if the ure of any kin	r attendance
DIRECTOR	lical examine cal examiner ns; (3) A fraction	as in regular
FUNERAL	the chief med I by a medic (2) Body burn	physician w
•	approved by to the hospite of any nature;); and (6) No
	This certificate must be a the body was released to shows: (1) An accident of	deceased prior to death)
	This certifithe body we shows: (1)	deceased

66 0159	8 BALTIMORE CIT	Y HEALTH DEPARTMENT	O I A Maria			
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	6 41598 -			
M.E. CASE NO.		lo DATE AND HOUSE OF STATE	44			
Type or Print) Pear Lon	na Smith	2, DATE AND HOUR OF DEATH	3 40			
Union Memorial	No ottal	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admiss			
FULL NAME OF (If nat in haspital at int HDSPITAL DR oddiess at location)	stitution, give street	Mary Land C. CITY OR TOWN (If outside city limits, write RU	-138			
INSTITUTION		C. CITY OR TOWN (If outside city limits, write RU	KAL and give township)			
4		D. STREET ADDRESS (If rurol, give lacation)				
5. SEX , 6. RACE 7. A	AARRIED, NEVER MARRIED	9	COAD			
Female White	Widowed specify)	7/18/83 lost birthdoy! 824VS	If Under 1 Yr. If Under 24 Aanths Days Haus Mi			
OA. USUAL OCCUPATION (Give kind of work 10 B, lone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	South Carolina	12. CITIZEN OF WHAT COUNTRY?			
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	0(0)			
· John Wesley	Manley	Missouri Hende	enson			
5. Was Deceased Ever in U. S. Armed Farces? Yes, na ar unknawn) (II yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
Nu		dames Jometh	JAME			
18. 493 X I		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECT	LY					
(This does not mean the made of dying	ng, e.g., DUE TO	eumonia				
heart failure, asthenia, etc. It means the injury at camplication which caused deal	disease,					
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if any,	DUE TD					
use to the above cause (A) state			#00000 #00000 00000 00000 00000 00000 00000 0000			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		1				
	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar No.) 20 B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED			
U 2TA, ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or obout 21C, WHERE DID (If in Boltimore C	City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	etc.)	olfice bldg., INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Ho		21F. HOW DID INJURY OCCUR?				
(APPROX)	While At Not Wh		/,,			
22. I certify that (this hospital) att	ended the deceased from /	7/13 1966 to	196			
that (b) (we) last saw the deceased al	~ /	19 66 and that in (arr) (aur) apinio	an death accurred an the			
and have and from the couses stated a						
23A. SIGNATURE	a lar ("e) (did) (district)		3B, DATE SIGNED			
The state of	M.D. At	tending Med. Stoff	2/11/1/8			
23 CANTSICIANIS	Jun 1	23D. ADDRESS	7/6/66			
HARRY J. BROWN	M.D	UNION MEMORIAL HOSPITAL				
44 BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C		town, or caunty) (Sto			
BEMOVAL (Specify) 2/14/66	MoroLand	Memorial Ralio	Md			
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
FEB 14 1966 Q 2 6	E. Farbura	Chast EVANS LON 8	802 HARTORA			
S 150-REV. 1/1/65						





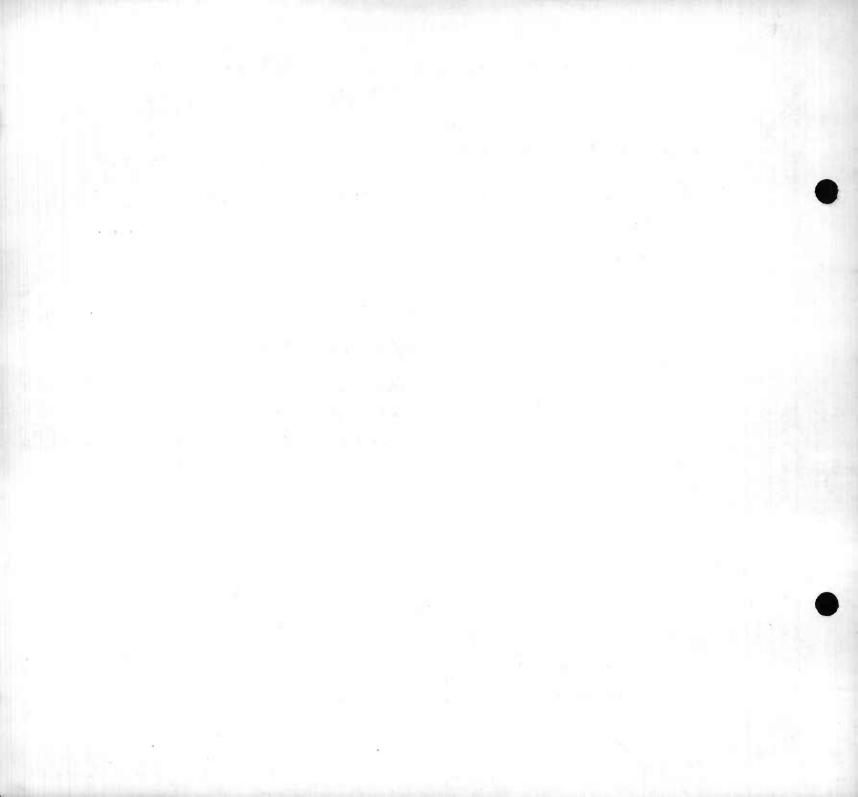
	TH NO.	6 016ME	DICAL EX	XAMINER'S C	ERTIFICATE	OF D	EATH Registe	red Na	11600
1.	NAME OF DEC	EASED			2.	DATE AND	HOUR PRONOUNC	ED DEAD	
(Ty	pe or Print)	ROBER	RT J.	. Nassa	uer I	ebruar	y 10, 1966		12:20 P
		IMORE MARYLAND,			4. USUAL RESIDEN A. STATE Mary		eceosed lived. If inst B. COL	itution: resid	dence before odmissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					C. CITY OR TOWN	(If outside	corporate limits, write	RURAL or	nd give township)
N:	MOITUTION				Balti	imore	23-	-03	
5	South Ba	altimore Ger	neral Hos	spital	D. STREET ADDRES		rles Stree	t	
5. :	SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under	1 Yr. If Under 24 Hi Doys : Hours , Min.
1	Male	White		DIVORCED (specify) r married	Sept.23	100/	61	TAIOH III S	Doy's 1 1300's 1 William
			ork TOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	ile or foreign		12. CITIZE	
lon	candy 1	vorking life, even if retired		- omm larrad	7-74- 1	1.3			T COUNTRY?
3.	FATHER'S NAM		gett	-employed	14. MOTHER'S MAIL	DEN NAME		l U.S	· A ·
	T -	3 37			777-		1124		
5.		COD Nassal D EVER IN U.S. ARM		16. SO CIAL	17. INFORMANT	uma 50	cheidt	ADDRESS	
Ye		(If yes, give war or d	otes of service)	SECURITY NO.					
	no	none		217-32-789	Emma Jol	hnston	1-1123 S.	Char	
	IB. E. 9	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH				ONSET AND DEATH
	DIJEA	LEADING TO DEA		(A) Gunsh	ot Wound of	Head.			
	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,								
	injury or complication which coused death.								
	ANTECENDENT CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
Z	ONDEREN	to continent tas	••	(C)	***************************************				
ERTIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
₹ T		R CONDITION CAUSI		WHICH OBERATION	LOGA AUTOBEVA	/ N - \ 12	AD IS VEC WERE EL	NDINGS C	ONGIDEBED
L CEF	2	A CONTRACTOR OF THE PARTY OF TH	ERFORMED		Yes		OB. IF YES, WERE FI	SES OF DE	ATH? Yes
EDICA	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or obout 21C. WH office bldg., INJURY 0	S. Cha	in Boltimore City, gi arles Stree	ve exoct lo	cotion)
Σ	21D TIME	(Month) (Doy) (Y	eor) (Hour)	21E. INJURY OCCURRED	21F. HOW	DID INJUI	Y OCCUR?		
	(APPROX.) 2 10 '66 A. WHILE AT NOT WHILE X Shot self in head.								
	22. I certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my opinion								
	resulted from: Notural causes Acciden Suicide Hamicide Undetermined manner								
	19201	red from Nototal (/	301614	CHIEF MED				
	ACTUAL		1011	1/1					DATE SIGNED
	SIGNAT	URE	have I	1 cly M.D	ASSISTANT MED				0/11/66
	EXAMIN	Type) Char	les S. P.	etty, M.D.	ASSOCIATE MED	DICAL EX	AMINER		2/11/66
	BURIAL CREATER	MATION, 238 DATE		C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City,	, town, or c	county) (State)
	Burial	- 1-	166	Loudon Pank		Fre	derick Av	re. B	alto Ma
24	A. DATE REC'D		248. NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR		A	DDRESS
					KRAUSE	FUNER	RAL HOME	1216	S. Charle
1.00	FFB 14	1965 0 0	2 17 7	0				1510	2. CHar, To
VS	151-REV. 1/1/	65 A	a market	1 613		1 1 1			

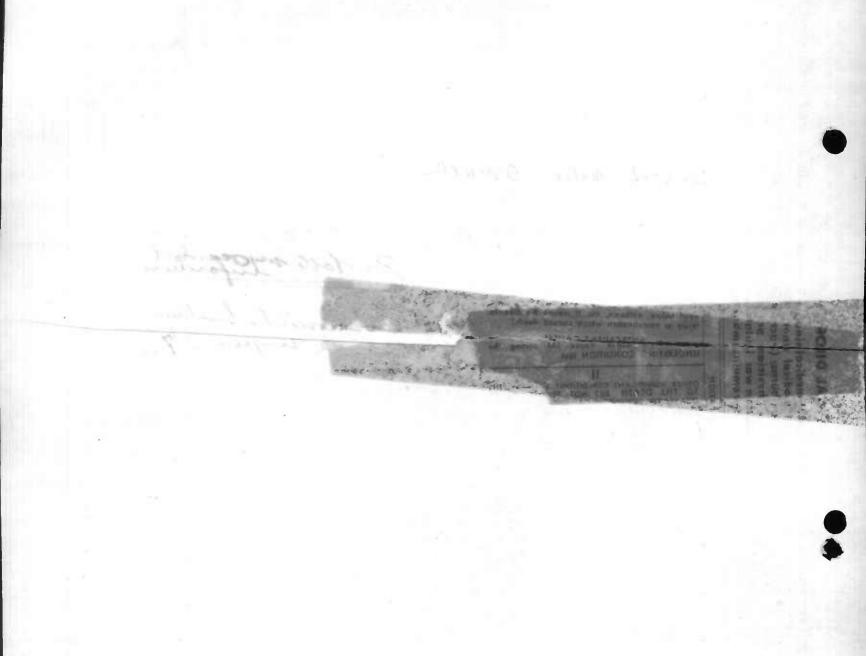


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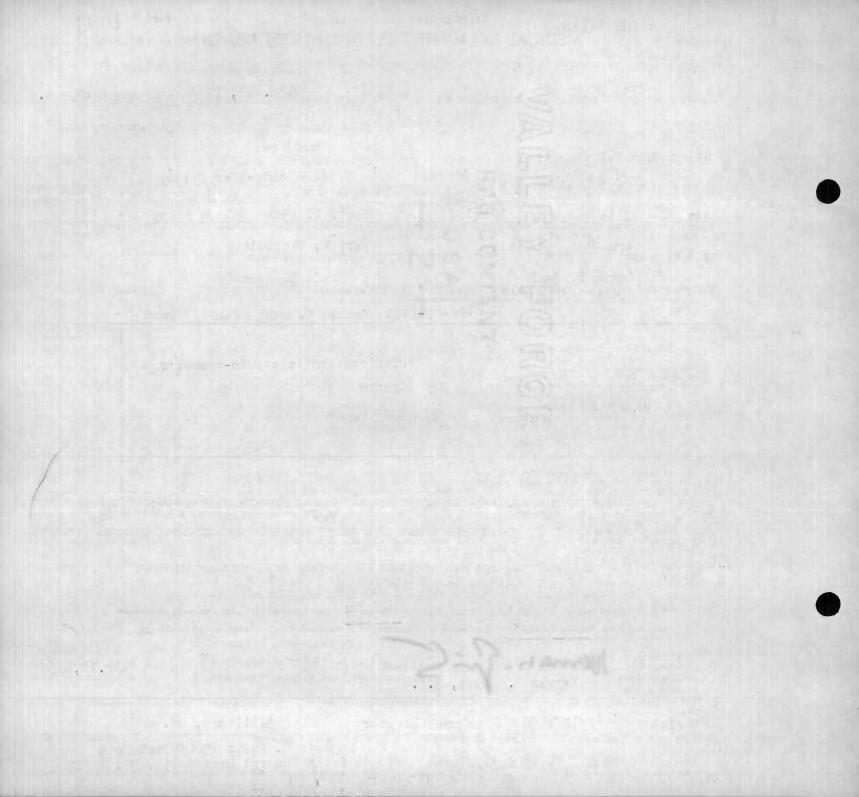
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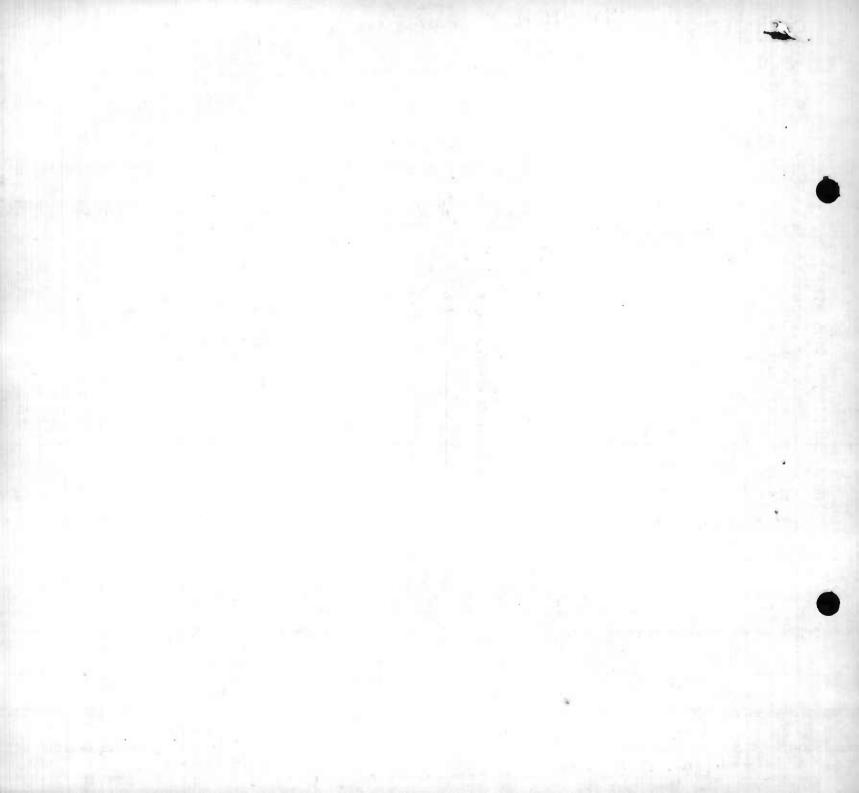
FUNERAL





BIR	TH NO.	WEDI	CALEX	CAMINER 5 CI	EKTIFICA	IE OF I	JEA IH Registe	red No.		
-	E CASE NO.								FO. ELL.	
(Ť,	Print)	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD		
3.		Ivel BUSH	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss					
		make make and, w	TIERE TROTTO	SNOLD DEAD	IA. SIAIR	ryland	B. COL	JNTY	before comission	
THO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						e corporate limits, write	RURAL ond give	e township)	
	STITUTION				Ba	ltimore	9	115		
I	Inion Me	morial Hospi	tal		D. STREET ADD		give locotion)			
					800	0 Montp	elier Street	t		
5.	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)	If Under 1 Yr.	If Under 24 Hrs Hours, Min.	
M	ale	White		ried	Sept. 2,	1914	51	171011113 2073	1 10015	
			TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF	INTRY?	
001		Clerk	Dairy	7	Marion,	Virgini	a	USA	JNIKI:	
13.	FATHER'S NAM	ΛE			14. MOTHER'S M	AIDEN NAM			11-1-1	
		Logan P. Bus	sh		Maude	E. Ker	nedy			
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	No			404-09-6711	Fannie H	H. Bush	(Wife) Sa	me		
	1B.	31		CAUSE	OF DEATH			INTER	RVAL BETWEEN	
	DISEA	SE OR CONDITION DI	RECTLY						ET AND DEATH	
		LEADING TO DEATH		(A) Arter	riosclero	tie ear	dio-vascular			
	heart failure	not meen the mode of , osthenio, etc. It meens mplication which coused a	the diseose,							
	injuly of co	injury or complication which coused death.)								
	ANTECENDENT CAUSES (B)									
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE									
z		NG CONDITION LAST.		(C)					***************************************	
9		II								
\ O	OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT REL	CONTRIBUTION	NG HE						
F	DISEASE O	R CONDITION CAUSING		**						
CERTIFICATION	19A. DATE O	F OPERATION 198, CON WAS PERI		WHICH OPERATION		? (Yes or No)	20 B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSID	ERED	
	0	CALISE WAS	018	OLACE OF INITION (Yes			Ta:		
MEDICAL	UNDERLYING	L CAUSE WAS BOR CONTRIB- USE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, or	ffice bldg., INJURY	OCCUR?	If in Boltsmore City, gi	ve exoct locotion)		
JED		OSE OF DEATH.	010.7							
-	OF INJURY	(Month) (Doy) (Year		1E. INJURY OCCURRED		OW DID INJU	IRY OCCUR?			
	(APPROX.)		m. V	VHILE AT NOT V	ORK					
	22.	tify that I held an Ir	nguiry 🗌	Inspection Auto	opsy X and	d that on thi	s bosis, deoth in n	ny opinion		
		Ited from: Notural cou	EE)	ccident Suicide			Indetermined manne			
				7		EDICAL EX				
	ACTUA		10 5	1-(ASSISTANT M		The second secon		TE SIGNED	
	SIGNAT	OKT TO	1		ASSOCIATE M			Febr.	12,1966	
	NAME (. 100 000 1 1110	er U. Sp	Sitz, M.D.	AJJOCIATE M	EDICAL E	AMINER			
	MOVAL (Specif		23	C. NAME of CEMETERY of	CREM ATORY	23 D. L	OCATION (City,	town, or county)	(Stote)	
ICE!	Burial	2/15/19	966 I	Parkwood Cemet	ery	Ba l	timore, Md.			
24		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRE	SS	
	FED.	1 1066 10 0	002	Co Cours	Eugeni	a K. Se	itz 5209 Y	ork Road		
115		L 4 1966 (R.R.	D.C. V	Chisennes	Seitz	runera	1 Home Balt	o. Md. 2	1212	
A 2	151-REV. 1/1/	03	1		()	1 1				





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DIRECTOR:

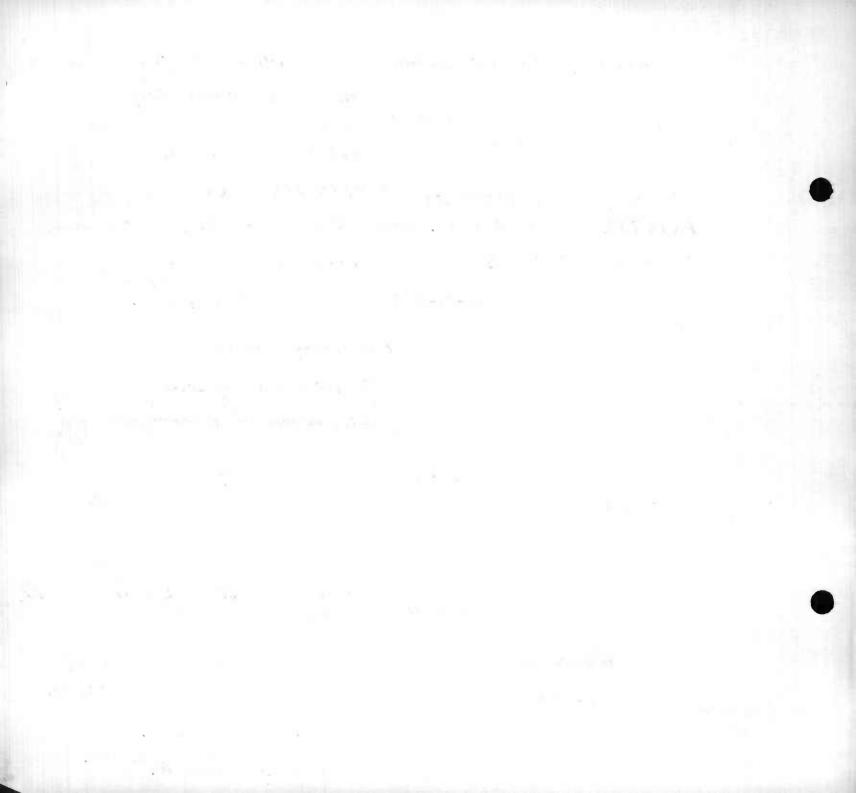
nead Selban Chronic read diversion Fredore , This 403 905 Patespers de " Notice 2-9-66 22 1 954 Carrell Tarphan

VS 150-REV. 1/1/65

and the part of the second sec to a line at 10 Marine.

VS 150-REV. 1/1/65

Schimunek Funeral H me, Inc. 2601 E. Madison St.



3-210

VS 151-REV. 1/1/65

	BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 66 01608 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 01608										
BIR	TH NO.66 1115	MEDI	CAL E	XAMINER'S	CERTII	FICATE	OF DE	ATH Register	red No.	6 01508	
-	CASE NO.										
(Ťy	NAME OF DECEASED	WALTER	J.	DICHOD	C			OUR PRONOUNCE	D DEAD		
3. 1	LACE IN BALTIMORE, M			BISHOP	Sr.			10, 1966	tution: rea	5:30 P	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TERE TROTTE	JOHOLD SEAD	A. STA	Maryla		B. COU	NTY	idence belole odnik salo	
[HO	SPITAL OR ADDI	OT IN HOSPITA	L OR INSTITUTION	TUTION, GIVE STREET	C. CIT			rporote limits, write	RURAL	ond give township)	
INS	TITUTION					Baltim	ore	26	-07	7	
2	Johns Ho	pkins Ho	spital		D. STR	D. STREET ADDRESS (Il rurol, give location)					
								Avenue		The section of	
5. 5	EX 6. RACE			DIVORCED (specify)	B. DATE	OF BIRTH		9. AGE (In years lost birthdoy)		er 1 Yr. If Under 24 Hr Doys Hours Min.	
		ite	m	arried		0/1925		41			
don	USUAL OCCUPATION (during most of working life,	even if retired)				HPLACE (Stote				ZEN OF AT COUNTRY?	
D	eputy Colle	ction	Off.	Int.Rev.	Ba	ltimore	, Md.	Part Part I			
13.	Walter				14. MO		Stei	1			
15.	WAS DECEASED EVER IN		FORCES?	16. SOCIAL	17. INFO	RMANT			ADDRES		
	, no or unknown) (If yes, gi	ive wor or dotes	ol service)	SECURITY NO.			h Die	h			
	yes W.W	1.2	2	19-18-3237			D RIS	hop, wif	е, а		
	18. E 9031	51		CAU	SE OF DE	ATH				ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH AN Massive Left Hemothorax										
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)										
	injury or complication which caused death.										
	ANTECENDENT CAUSES (8) Laceration of Intercostal Artery and Vein										
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE										
7	UNDERLYING CONT	DERLYING CONDITION LAST. (C) Fracture of left 6th Rib.									
ERTIFICATION		11		10/							
3	OTHER SIGNIFICANT	CONDITIONS	ONTRIBUT	ING							
프	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
CER	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA										
3	21 A. EXTERNAL CAUSE		21 B	PLACE OF INJURY (e.	olfice bld	ut 21C. WHERE	DID (If in	Boltimore City, giv	e exoct l	locotion)	
0	UTING CAUSE OF DE		etc.	Street		Front o	£ 4034	Lyndale .	Avenu	ie 96 a	
Σ	21 D TIME (Month) OF INJURY	(Doyl (Year)	(Hourl	21E. INJURY OCCURRE	D	21 F. HOW D					
	(APPROX.) 1 27 '66 WHILE AT NOT WHILE X Slipped and fell on sidewalk.										
	22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death In my opinion										
	resulted from: Notural causes Accident X Suicide Homicide Undetermined manner										
		01		1)-	C	HIEF MEDIC	AL EXAM	INER 🗌		DATE SIGNED	
	ACTUAL SIGNATURE	Tele 5	D. ASSIS	ASSISTANT MEDICAL EXAMINER X							
	EXAMINER'S	Chamla	. C D			CIATE MEDIC				2/11/66	
23.4	NAME (Type) BURIAL CREMATION,	Char Les		etty, M.D.	CDEA4	ATORY	23D. LOCA	TION (City	town, or	countyl (State)	
	AOVAL (Specily)								IOWII, OT	County) (Store)	
244	Burial	2/14/6		Balto. Nat				to. Md.		ADDRESS	
	DATE REC'D BY HEALT	in Deri.	248, NAM	E OF REGISTRAR	S	Chimune	k Fur	neral Ho	ne,	Inc.	
	14 1965	G. Posts	E. Sta	D. M.A.		3331 F	3rehm:	s Lane			

.by .ornertles. Departy-Conlection fit. int. Poy. 100 01158 Burgall 2 14 00 - Call Bakto. Nat. Cal. Schlannek Funeral Monte, 1882

BAITIMORE CI	TV HEALTL	1 DED V D I	MARKIT

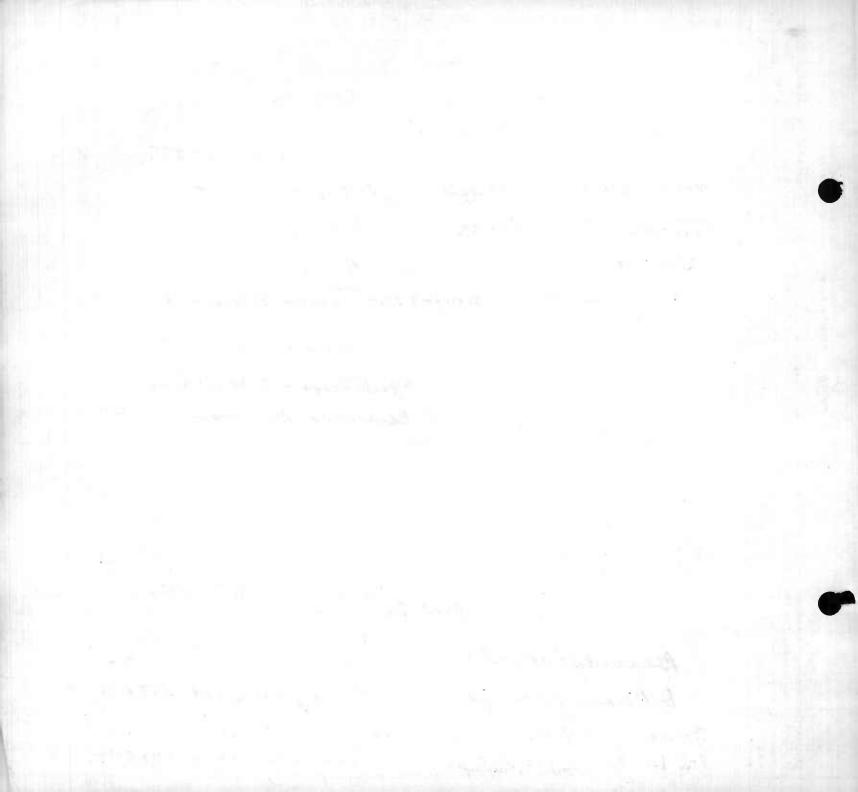
BIRTH NO. 66	1958 7 1160 MED	BALTIMORE CAL EXAMIN	CITY HEALTH I	DEPARTMENT TIFICATE	OF DE	ATH Registe	red No. <u>66</u>	01609
M.E. CASE NO. 1. NAME OF DEC		MICHAEL	SAFFEI	2.	DATE AND I	HOUR PRONOUNCE	ED DEAD	8:50 A
	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAL	D 4. 1	STATE Mary 1	and	seosed lived. If insti B. COU	tution: residence	ce before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)		Balti	more	orporate limits, write	RURAL ond	jive township)
3 Johns	Hopkins Hosp	ital	D.	716 N	· Rose			
5. SEX Male	6. RACE White	7. MARRIED, NEVER MAI WIDOWED, DIVORCED(S Single	pecify)	gust 13,	1965	9. AGE (In years lost birthday)	Months Doy	Yr. If Under 24 Hrs ys Hours Min.
done during most of	working life, even if retired)	108. KIND OF BUSINESS (Marylan	d	o untry)	12. CITIZEN C	OF COUNTRY?
13. FATHER'S NAM	John Saffell		14.1	Barbar	a Piero	e		31-11
	D EVER IN U.S. ARMED		NO.	ather,	above		ADDRESS	
DISEASES RISE TO THE UNDERLY!!	LEADING TO DEATH not meon the mode of , osthenio, etc. If meons mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI	dying e.g., (A) the discose, death.) S NY, GIVING D ATING THE (C)	Intersti	tial Pneu	moniti	S.		
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O UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21B, PLACE OF It home, form, focto	NJURY (e.g., in or ery, sheet, office	obout 21C. WHE	RE DID (If i	n Boltimore City, giv	re exoct locotic	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	(Hour) 21 E. INJURY	NOT WHIL AT WORK	E	DID INJURY	OCCUR?		W. San
	tify that I held on I			Homicide	Und	posis, death in m		
ACTUA SIGNAT EXAMIN	URE LA	es S. Petty, M	AS:	CHIEF MEDI SISTANT MEDI SOCIATE MED	CAL EXAM	AINER X		2/10/66
23A. BURIAL CRE REMOVAL (Specify Burial	MATION, 238 DATE	23C. NAME of	cemetery of CR		23D. LOC Bal	timore,	town, or count	ty) (Stote)
	BY HEALTH DEPT.	248 NAME OF REGISTRA		24C. FUNERAL	DIRECTOR	neral Ho	ADD	

VS 151-REV. 1/1/65

2601 E. Madison St.

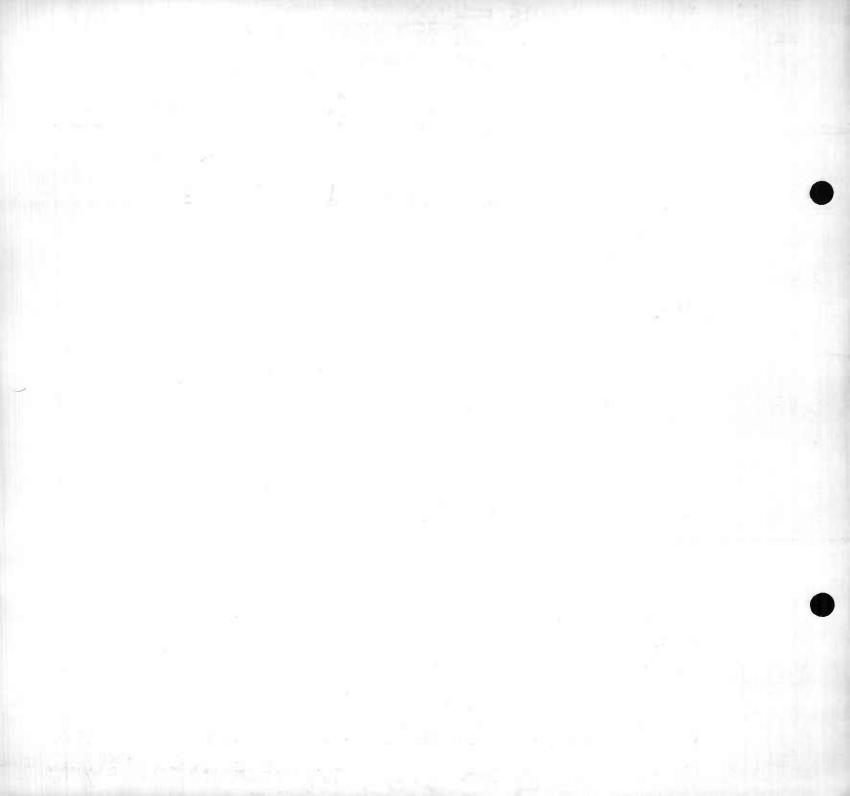
Pather, Amyo Poll A roughland New York of the Street Street Street Street Street Street Schliggarich und land und 120. . THE RELEASE TO SELECT ST.

			BALTIMORE CITY	HEALTH DEPARTMEN		
BIRTH NO.	66 016.	10	CERTIFICA	TE OF DEAT	H Registered N	°66 01610
N.E. CASE NO.	ASED			2, DA	TE AND HOUR OF DEAT	гн
Typo or Print)	PICHARA "	P. C	OCGAN	7	FB. 8, 1	966 1 12 °5 P.
PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND				f institution residence before admission
FULL NAME OF	(If not in hospital oddress or location		givo stroet	MaryLAN	٥	15-38
INSTITUTION			N -	BeLTINE		te RURAL and give township)
0 3319	LIBERT	1 75	19 Hrs AUE	D. STREET ADDRESS	(If rurol, give location)	
				3319 6	IBERTY T	TEIGHTS AUE.
	S. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
MATE	WHITE	w.	Idow	JULY 29, 188		
	PATION (Give kind of work orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TETIR		CLE	RK	VIENNY	M	USA
. FATHER'S NAM				14. MOTHERS MAIDEN	NAME	
JOSE	124			ANNG		
Wos Deceased	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown)	(If yes, give wor or dote	es of service)	SECURITY NO. 218-14-9739	Ramon	B. COHEN-	813 ST. POUL ST
18. 1 / 1 / 9			CAUSE O		D. CONEN-	INTERVAL BETWEEN
44	OR CONDITION DI	NECTLY.			0	ONSET AND DEATH
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	I mean the made of		DUE TO			
	sthenia, etc. It means dication which coused		11	0	0.0.00	
A	NTECEDENT CAUSES		(B) Defre	clensere +	arrens de	ido a
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iise la lhe	abave cause (A)		(C) Cac	des Vas. C	rease.	- 1000
UNDERLYING	CONDITION last.					
OTHER SIGNIE	II	ONTRIBUTION	6			
TO THE DE	CANT CONDITIONS C	ATED TO TH				
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6	WAS PER				IN CERTIFYING	CAUSES OF DEATH?
	WAS UNDERLYING	21B	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE C	OID (If in Boltin	nore City, give exect location)
DEATH (notify r	TING CAUSE OF medical examiner	hom etc.	ne, form, foctory, street, o	ffice bldg., INJURY OCCI	U R?	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY		Wh	ile At Not Whil			
(APPROX.)		Wo	rk At Work			10 11
22. I certify t	hot (1) (this hospital	l) ottended t	he deceased from	£6.65	19 65 to 7	etr8 1966
that (I) (we) I	ost saw the decease	ed olive on	Jan 78	19.66	and that In(my) (our)	opinian deoth occurred an the do
ond hour ond	from the couses sto	ted obove. (l) (We) (dld) (dld not) v	new the body ofter de	eoth.	
23A. SIGNATUR	E	1	1			23 B. DATE SIGNED
Bar	acel Ca	efen	M.D. Att.	ending Med.	Stoff Phys.	2-9-66
23C.PHYSICIAN	rs			23D. ADDRESS	11173.	
NAME (Ty	300000	0000) M.D.	the margal	order , ank	350 1 SK Pour ST
4A. BURIAL CREM	AATION 1248 DAGE	24C. N	AME of CEMETERY OF CR	t	4D. LOCATION	(City, town, or county) (State)
REMOVAL (Sp	pecify)	270.10)	/	Belto.	MI)
BURIAL	4/0/19	66 6	ery TFILO	-		
FFR 15	A	25B. NAME	OF REGISTRAR	SYLVAN S.	LEWIS + SON -	3319 OLYMPIN AUG
	1966 (P.C.	2, 40	Seu MAN			
'S 150-REV. 1/1/65	5			1 6 6 3	1	



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

VS 153 2-15-66 M.H.

9

1, N.	AME OF DE	CEASED	DWYFR	. WILL	IAM P.	2. DA1	BRUARY 11,	1966 ₁	12:
3. P	LACE OF D	EATH IN BALTI			17311 1 4				
						4. USUAL RESIDENCE A. STATE B. C			A
H	ULL NAME	OF (If not oddres	in hospital a	or institution, (give street	MARYLAND		CW)	14/1
- 11	NOITUTION							THE RURAL and give	Townsnip)
5		ST.	AGNES	HOSP	ITAL	D. STREET ADDRESS	(If rurol, give location	1)	P. W.W.
						RT #4 B0	X 253		
5. S		6. RACE			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months: Doys	. If Under 2
P	1ALE	WHIT	E	MARR	LED (specify)	12-15-97	68		
done	USUAL OCE	LWORKING life, ev	e kind of work en if retired)			RY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN C	OF OUNTRY?
	RETIR	FD		SPRIN	GFIELD STAT	TE MARYLAN	D	U.S	
13. [FATHER'S NA	ME		FI	VV	14. MOTHER'S MAIDEN	NAME		
	WILL	IAM C	. Dwy	er		MARY BOW	MAN		
15. \ (Yes	Mas Decease	d Ever in U. S.	Armed Fore	es?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
	NONE	yes, give		- 5. 50/VIGE/	220-09-034	49 ST. AGNE	S HOSP REC	CORDS · CAT	ONEW
	18. O S	5 44				OF DEATH	- 11001 1120	INTER	VAL BETWEE
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		nal mean the			DUE TO	//		10	
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		mplication wh	ich caused		180 Pul	hungry she	eso Delus		
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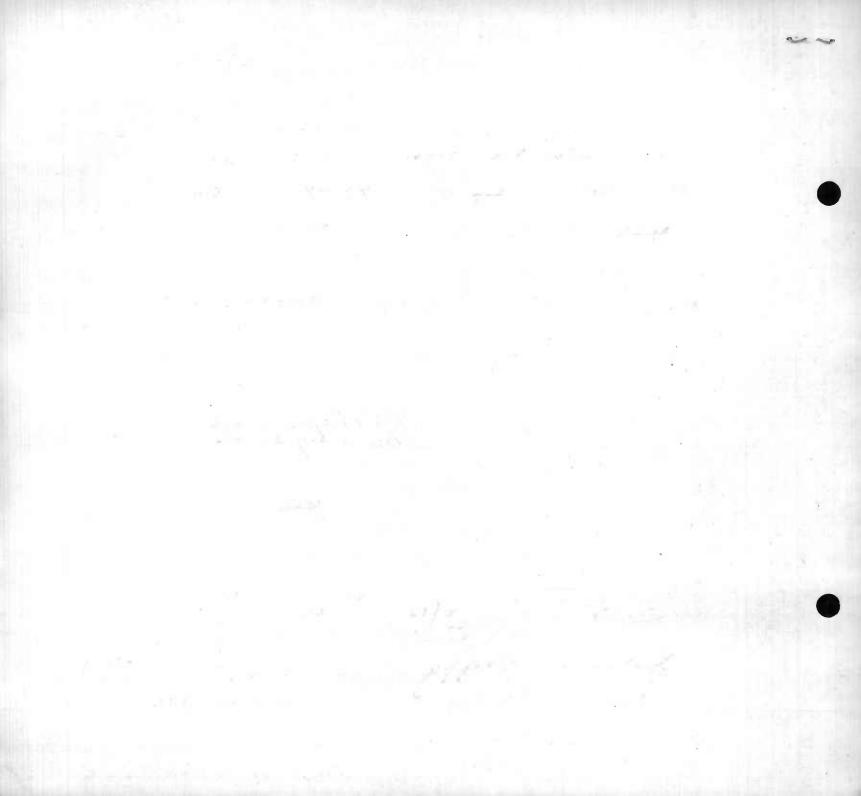
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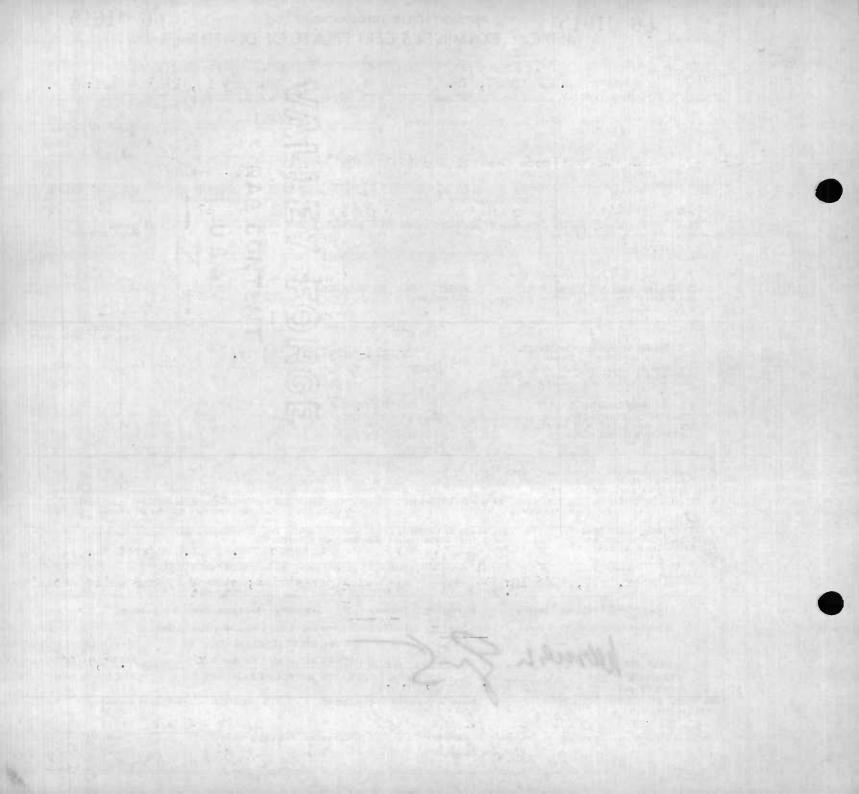
7 to ...

	BALTIMORE CITY	Y HEALTH DEPARTMENT	CE DIGIA
BIRTH NO. M.E. CASE NO. 66	1614 CERTIFICA	TE OF DEATH Registered No.	66 01614
I NAME OF DECEASED		2. DATE AND HOUR OF DEAT	TH IN O
Type or Findi	William Mara	er 2/13/6	6 140
3. PLACE OF DEATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution; lesidence belole odmission
			1. / /
FULL NAME OF (II not in hospital or in HOSPITAL OR oddiess or location)	nstitution, give street	11/1/1/	ARUNDEL RURAL ond give township)
INSTITUTION		R IL	127 11
Maryland Gener	listigeoff la	D. STREET ADDRESS (If rurol, give location)	2 3200
827 Linden			
		1408 Pine Rd	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 9. AGE (In years lost birthday) 58	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B		11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF
done during most of working life, even if retired) Chauffe	1 2 2 1	\.\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	WHAT COUNTRY?
, , ,	inth. Cheaners	W. Va.	NZV
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
AJ. HU	NexceR	M. 571. R.T.	
5. Was Deceased Even in U. S. Armed Forces?		17. INFORMANT,	ADDRESS
Yes, no oi unknown) (If yes, give wor or dotes of	service) SECURITY NO.	MR HaRVY Merce	R (SOR)
No 1111	236-10-262	the spilled their	A Same as #4
18. 5 5 0 VI	CAUSE C	F DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECT	TI V		ONSET AND DEATH
LEADING TO DEATH	121	1. Daylord m.	Mad
(This daes nat mean the mode at dyi	(A) (A)	arebral enfarction me	arent
heart lailure, asthenia, etc. It means the	disease,	-	
injury or complication which coused dec	oth.)	Terranderation Continuitie	
ANTECEDENT CAUSES	(B)	uniocality carry	K (())
	DUE TO	Clescon	
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) sta	ting the	in chopmen ones churchy eulolism	
UNDERLYING CONDITION last,	ning into	A Company Company	
- 11	70	thing ellevision	
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING		
TO THE DEATH BUT NOT RELATED			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
		yes . IN CERTIFYING C	
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltim	nore City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, loim, loctory, street, c	THICE DIDG., INJURY OCCUR?	
U			
21D. TIME (Month) (Doy) (Year) (H	10ut 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Whi	le	
	Work At Work		
22. I certify that (1) (this hospital) of	ttended the deceased from	2/2 19 66 10	2113 19 66
that (I) (we) lost sow the deceased o	11/2 no syll	19 ond that in(my) (our)	plalan death accurred on the de
	3-3		prinon doom occorred on the de
ond hour ond from the couses stoted	obove. (I) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE			23 8. DATE SIGNED
M - what	C toll M.D. AH	ending Med. Stoff	2117111
23C. PHYSICIAN'S	Steppy Phy		-1.3/9/9
NAME (Type)	, ,)	23D. ADDRESS	
M ndo E	Steffy M.D.	827 Luden A.	ve 21201
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		(City, town, or county) (State)
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE	The state of the	1 COCATION	(31012)
Burial Feb-16-6	6 GLen Haven	Man Pack Blan R.	enie mal
25A. DATE REC'D BY HEALTH DEPT. 258	NAME OF REGISTRAR	1)em Tark Glen Je	ADDRESS
	E. Farkentin	0010 11	01 0
FEB 15 1966 (Policip	C' 1000	Olik Singleton	~ Glen Burnie
VS 150-REV. 1/1/65			



66 U1615 BALTIMORE CITY HEALTH DEPARTMENT

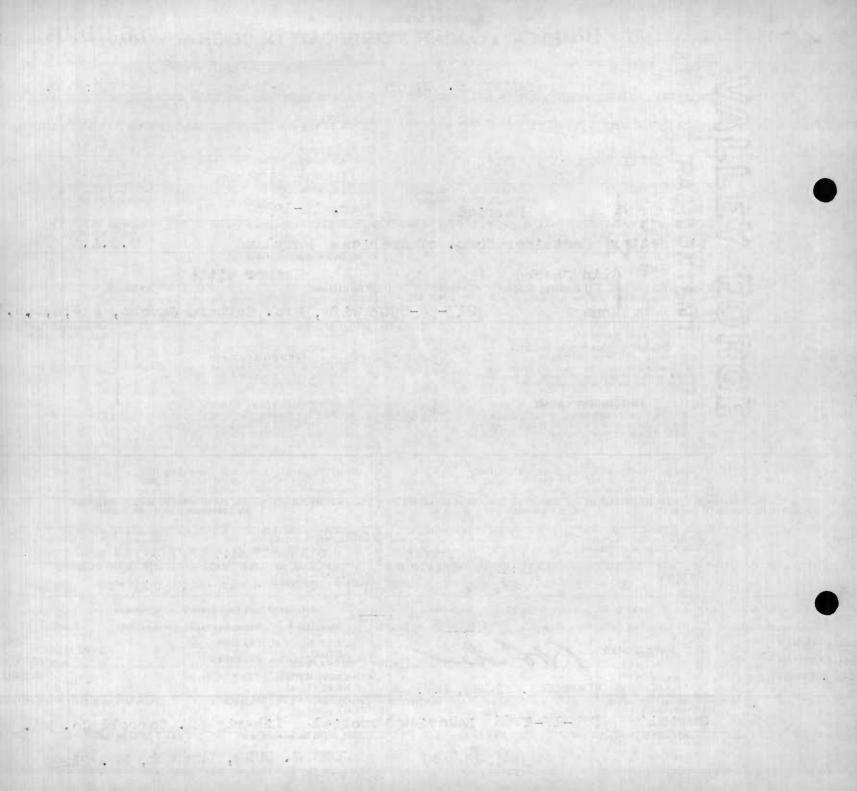
BIRTH NO. MED	ICAL EX	AMINER 3 CI	EKTIFICAT	E OF I	JEAIT Regis	rered No	
M.E CASE NO.							
Type or Print) Richard A. S	SEKORSKI				uary 12, 19		11:45 P. M
3. PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESID	1	deceased lived. If in	stitution: resi	dence before odmission
			A. STATE	Marvlan	B. CC	YTAUC	
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET			e corporate limits, w	ile RURAL o	and give township)
NSTITUTION			I	Baltimo	re	75	116
2 South Baltin	ora Can	eral Hospital	D. STREET ADDR	RESS (If rurol.	give location	V 7	UKO
Oca on Partolli	iore dell	star Hophroat		3829	4th. Avenue	3	
5. SEX 6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	H			r 1 Yr. If Under 24 Hrs
Male White		DIVORCED(specify)	20/10	240	9. AGE (In years lost birthday)	Months	Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of wor	312		UQ G, I	148		12. CITIZ	EN 05
one during most of working life, even if retired)	KION NIND OF	BOSINESS OK INDOSEKE	I A D	store or rotatig	n country)		T COUNTRY?
Student			PID				
3. FATHER'S NAME	1		14. MOTHER'S MA				
Kichard A.	pn.		Barl	para.	S.		
5. WAS DECEASED EVER IN U.S. ARMED es, no or unknownly (If yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	
No			FAH	11/4		Sam	_
1B.		CAUSE	OF DEATH				INTERVAL BETWEEN
DISEASE OR CONDITION DI							ONSET AND DEATH
ANTECENDENT CAUSI DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S	ES NY, GIVING	(BIDUE TO		204000040400000400			
UNDERLYING CONDITION LAST.		(C)					
<u> </u>		\ \ /··································					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	LATED TO T						
19A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B, IF YES, WERE	FINDINGS C	ON SIDERED
WAS PER	FORMED		Yes		IN CERTIFYING CA	USES OF DE	ATH? Yes
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	n or obout 21C. W	HERE DID	(If in Boltimore City,	give exoct le	ocotion)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home,		Pat.	occur?	ve. & St.M	arcaret	st.
E CLO TIME	111	street		TINI DID MO		Cr Sarre	500
OF INJURY Febr. 12, 196	6 10:00	VHILE AT NOT VORK	WHILE THE Dede		struck by	y car w	while crossi
22. I certify that I held on I				that on thi	street is bosis, death In	my oninio	n
resulted fram: Notural ca		ccident Suicide			Indetermined mon		
I resulted train. Notoral Ca	uses A	Jorena Jorena				iler [_]	
ACTUAL SIGNATURE	ih.	/ (M.D.	ASSISTANT ME	EDICAL EX		Febr.	DATE SIGNED
EXAMINER'S NAME (Type)	Terner U	Spits, M.D.	ASSOCIATE M	EDICAL EX	KAMINER		
3A. BURIAL CREMATION, 23B. DATE	23	C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (Ci	ty, town, or	countyl (State)
REMOVAL (Specify)	-61	Balto Vat		R	ulto 25 /	lac.	
24A. DATE REC'D BY HEALTH DEPT.	24R NAME	OF REGISTRAR	24C. FUNERA		1	-	ADDRESS
FEB 10 1966 P. P.	\$ 2.30	Wey MA	5	Por	well Fune	el Xh	23 Parys
VS 151-REV. 1/1/65	0.0	1 6 1	0 1 4		1		-



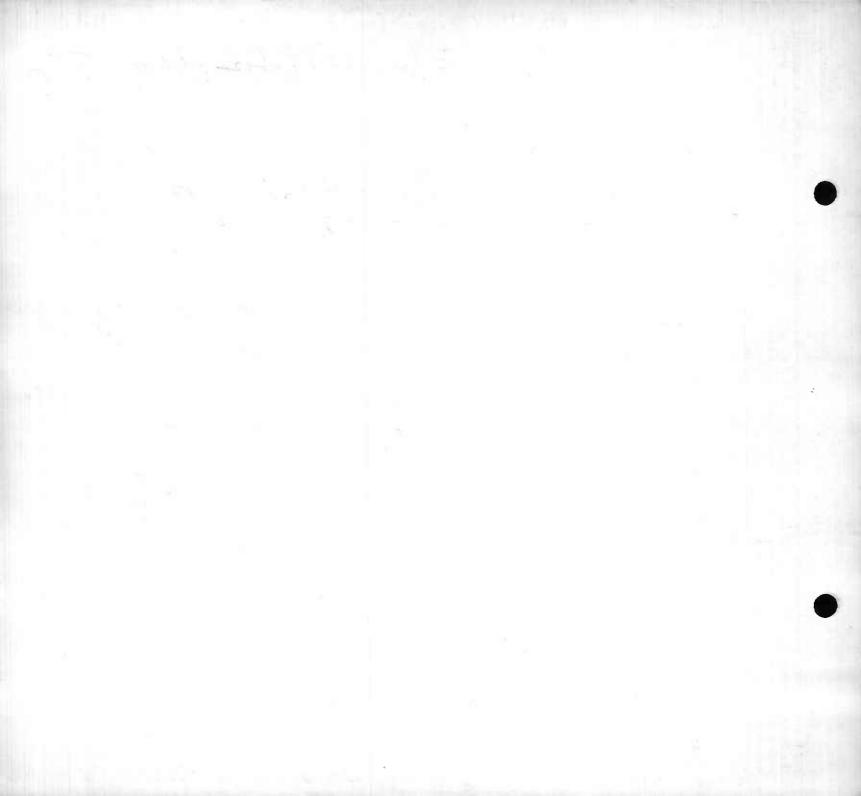
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BIRTH NO	o. 66	116MEDICAL	EXAMINER'S CERTIFICAT	E OF	DEATH Registered No.	01616

M.E. CASE NO.							
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD					
(1)		2-13-6		10:3	0 P. M.		
3. PLACE IN BALTIMORE, MARYLAND, WI FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUT		Marylan	d	ceosed lived. If instit B. COUI		
INSTITUTION ADDRESS OF LOCA	, IIOI4)				26	- 26	
BALTIMORE CITY I	HOSPITAL		Baltimo D. STREET ADDR	ESS (If rurol, gi			No.
5. SEX 6. RACE	7 AAADDIED A	IEVER MARRIED	B. DATE OF BIRTH	nsal Str	9. AGE (In years	If Under 1 Yr. If	Hadas 24 Hss
Nale White		IVORCED (specify)	Mar. 10		lost birthdoy) 27	Months, Doys	fours Min.
		rp. of Ame	rica M	aryland		U.S.A.	TRY?
13. FATHER'S NAME			14. MOTHER'S MA				
Olin Jaco				Esther	Witte		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or date:	FORCES? s of service)	6. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No None		217-34-890	Wife, I	Mrs. Ba	rbara Jac	cobs, #	4, a, b, c
18.		CAUSE	OF DEATH				AL BETWEEN AND DEATH
DISEASE OR CONDITION DI							
LEADING TO DEATH (This does not mean the mode of		(A) Cra	niocerebra	al injur	ies		
heart failure, asthenia, etc. It means injury or complication which coused o	the discose,	501 10					
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (AI ST UNDERLYING CONDITION LAST.	NY, GIVING	(B) DUE TO					
O If							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TOA. DATE OF OPERATION 179R. CON WAS PERI	ATED TO TH			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
TIPA. DATE OF OPERATION 198 CON WAS PERI		HICH OPERATION	20A. AUTOPSY? Yes		8. IF YES, WERE FIN CERTIFYING CAUS		ED
V 21A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB-	21 B, P	LACE OF INJURY (e.g., i	n or obout 21 C. W	HERE DID (IF		e exact location)	
	etc.)	Street			t., 874° E	. of Conkl	ing St.
ZID WILL (Month) (Doy) (Teor	124025 21	E INJURY OCCURRED		W DID INJURY			
OF INJURY (APPROX.) 2 12 66	6 AM w	HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE X Dr	iver - A	uto-auto c	ollision	26-09
22. I certify that I held an Ir	nquiry 🗌	Inspection Aut	opsy X and	that an this	basis, death In m	y opinfan	
resulted from: Natural cau	ses Ag	cident X Suicide	Hamleid	le Un	determined manne	r	
ACTUAL SIGNATURE	of me	W.D.	CHIEF ME	DICAL EXA		DATE	SIGNED
EXAMINER'S NAME (Type) RUSSELL	S. FISH		ASSOCIATE ME		werena.	2-1	4-66
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) BURIAL FOD-17	23C	name of cemetery o		23D. LOC		town, or countyl	(Stote)
24A. DATE REC'D BY HEALTH DEPT.		F REGISTRAR	24C. FUNERA	L DIRECTOR	rty Rd. Ca	ADDRESS	U. Mu.
FEB 15 1000 Q.Q.					A, Dundal		1222
VS 151-REV. 1/1/65	1 51	()	0 1 6	7.			

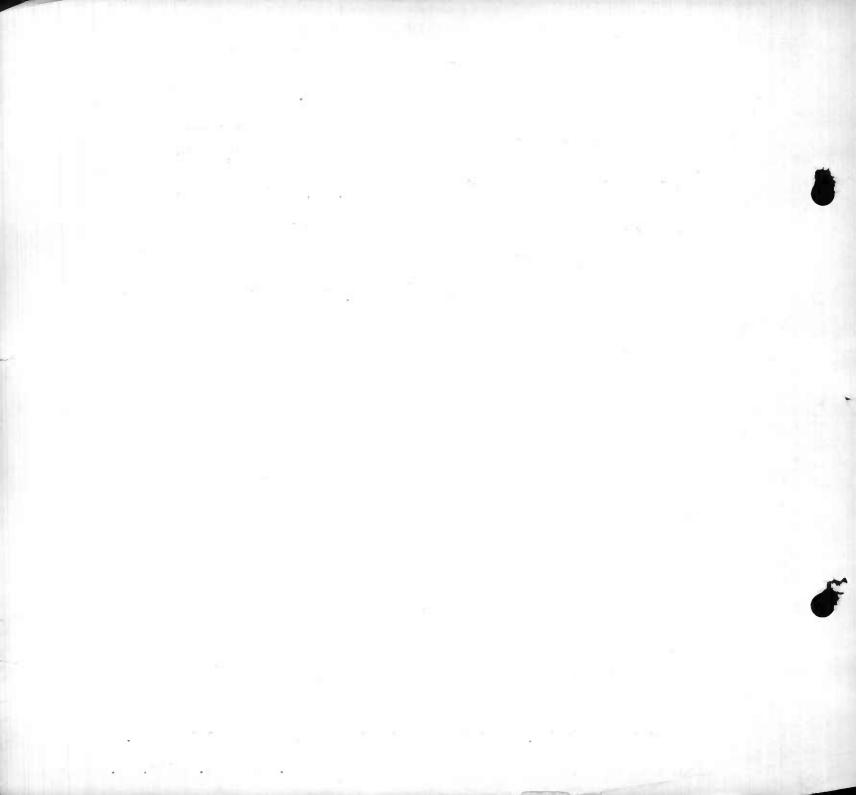


CC (34 C) BALTIM	ORE CITY HEALTH DEPARTMENT
BIRTH NO. 66 01617 CERT	IFICATE OF DEATH Registered No. 66 01617
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) MARY DART	(JONES) Fetiz 19661 / 50 M.
3. PLACE OF DEATH IN BALTIMORE, MARKEAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	Mcl. 3-03
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
D : 1/ B CI	Baltimore
1515 N Bruce 51	D. STREET ADDRESS (If rurol, give location)
,	2427 Wood brook Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRI WIDOWED, DIVORCED (S	pecify) Months Doys Hours Min.
10A/USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR	
done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Ste. or foreign country 12. CITIZEN OF WHAT COUNTRY?
	Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	DARAH
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY	17. INFORMANT
	Wallane Watkins 2427 Wordbeart An
18. 45-0,01	CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	under myo de Ceneration 1
(This does not meen the mode of dying, e.g., Di heart failure, asthenia, etc. 11 means the disease,	
injury or complication which coused death.)	ongestive beat failure Jan 20, 1466
ANTECEDENT CAUSES (8)	E TO O
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	Semle on terr religion ?
UNDERLYING CONDITION Iosi.	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Selfs and the self-self-self-self-self-self-self-self-
DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	URY (e.g., in or about 21C, WHERE DID (If in Baltimore City, give exact location) street, office bldg., INJURY OCCUR?
DEATH (notify medical examine)	since ones reggi indexi occor.
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Work	Not While At Work
22. I certify that (I) (this hospital) attended the deceases	
that (I) (we) last saw the deceased alive an	1966 and that in(my) (aur) apinian death occurred an the date
and how and from the causes stated above. (1) (We) (did) (
23A. SIGNATURE	23 B, DATE SIGNED
N T T	M.D. Attending Med. Stoff Stof
P3C. PHYSICIAN'S	Phys. Director Phys.
NAME (TYPE) GO. H. PEN DET	MAD 1222 Dui Okklo Cue
	111-) 00 311-4
REMOVAL (Specify)	A. 211 M. M.
BURIA 2-16-66 M. Flubur 254-DALE RECYD BY HEALTH DEPT. 25B. NAME OF REGISTRAB.	N Cem. BALLINGRE, MARYLAND 25C. FUNERAL DIRECTOR ADDRESS
FAB 13 1966 A P. 258. NAME OF REGISTRAR	20 N. Q 1/1 + 10 10110 N (10 1)
AND BEALTHAIR	Glorge V. resser 1345 N. alkoren



BIRTH NO. 66 116	10 CEPTIEICA	TE OF DEATH	Registered No.	56 01010
M.E. CASE NO.	CLKIIIICA		HOUR OF DEATH	
	Lillian.		14- 66	14 43 M
3. PLACE OF DEATH IN SALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	stitution: residence before admission
FULL NAME OF (If not in hospital or institution	on, give street	Solton H	41//	5-47
HOSPITAL OR oddress or (ocotion)		7.11.		RURAL and give township
8 , 0	111	D. STREET ADDRESS III 10	rol, give location)	
Maryland Genera	al Hospital	2217 Koko	LANE	
5. SEX 6. RACE 7. MARRI	NED, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
1- ()	Widowed	6/22/00	65	
OA, USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA E (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
Housewite		Da/timor	2	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Bichard Evans	3	Melvin	a Joh.	ns on Address
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown of the yes, give wor or dates of service	SECURITY NO.	THEORMAN I	11	ADDRESS
	<	1a Renfrom	chart,	INITERIAL RETWEEN
DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
LEADING TO DEATH	(A) C.	A of Go		1 weeks
(This does not mean the mode of dying, a heart failure, asthenia, e(c. 1) means the disease			1	
injury or complication which caused death.)	V	aginel ble	ding.	
ANTECEDENT CAUSES	DUE TO	0	-	
DISEASES OR CONDITIONS, if any, giv	ing the (C)			
UNDERLYING CONDITION lost.	\$ 8.00 m. A rest of the line o		0 887 887 887 888 888 888 888 888 888 88	3 44444 (444
O OTHER SIGNIFICANT CONDITIONS CONTRIBU				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF (NJURY le.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not While Work At Work	e 🔲		
22. I certify that (I) (this hospital) attende	ed the deceased from	19	9to	19
that (I) (we) last saw the deceased alive				
and hour and fram the causes stated above				
23A. SIGNATURE				238, DATE SIGNED
y Honor	- of M.D. Att	ending Med. Sirector B	Stoff Phys.	2-14-16
23C. PHYSICIAN'S NAME IType) HOMA AND A	Trai M.D.	23D. ADDRESS Md. G.	encyal	Hospital
24A. BURIAL CREMATION, 248. DATE 240	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	ty, town, or county) (State)
REMOVAL (Specify)	Ballinge No	tional Con B	oltimore.	Neuland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	JE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FER 15 1000 0 0 0	7 0	George & Ke	lson 134	18 M. Calkren.
VS 150-REV. 1/1/65	Claudey Pull	7		

Miry 1 120 of General Haspita 6/20/00 65 11.00000 Baltimore Hows emile Archard Evans Melvina Johnson ia Rempose adant.



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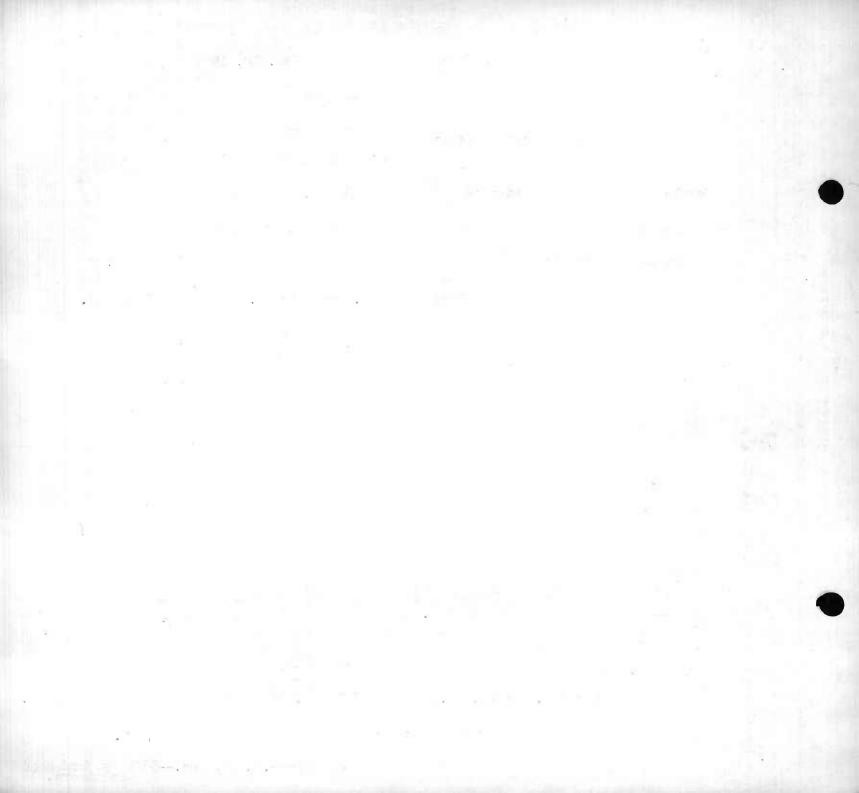
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BALTIMORE CITY HEALTH DEPARTMENT Registered No 66 01620 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DUNN Feb. 10, 1966 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland FULL NAME OF (If not in hospital or instilution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION #18 Baltimore Union Memorial Hospital D. STREET ADDRESS (If rural, give location) 4026 Hillen Road mad 9. AGE (In yeors S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Days If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost hirthdoy) July 19, 1893 female white widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? Own Home Baltimore, Maryland housewife 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME Frederick Klemmick Henrietta Sauers 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) No None Mr. Frederick T. Dunn 4034 Hillen Rd. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH This does not mean the made of dying, e.g., heart lailure, asthenio, etc. Il means the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exoct locotion) DEATH (notily medical exeminer) MEDI (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

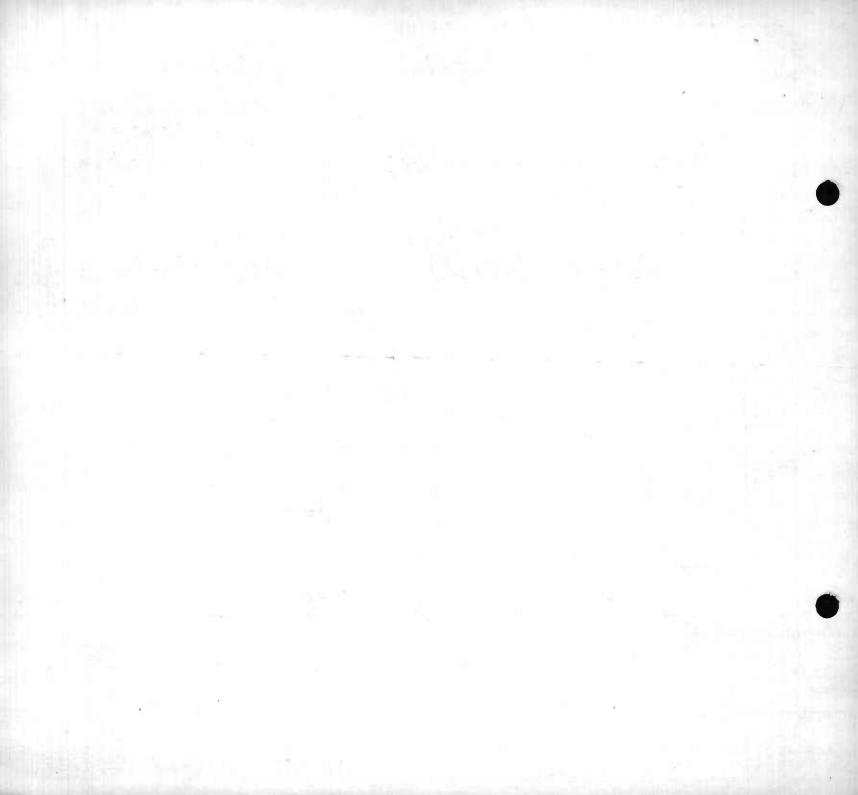
While At Not While [(APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 12 -1956102-10-66 11-11 .19. 6.5 and that in(my) (see) opinion death accurred on the date that (1) (we) lost sow the deceased alive on. and hour and from the couses stated above. (1) (Way die) (did not) view the body after death. 23A. SIGNATUR Attending 2 M.D. Med. Stolf 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Alfred G. Ossman, Jr., 1010 St. Paul Street, Baltimore 21202, Md. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specily) Baltimore National Cemetery Baltimore, Md. 258. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C, FUNERAL DIRECTOR ADDRESS

Leonard J. Ruck, Inc .- 5305 Harford Road



FUNERAL

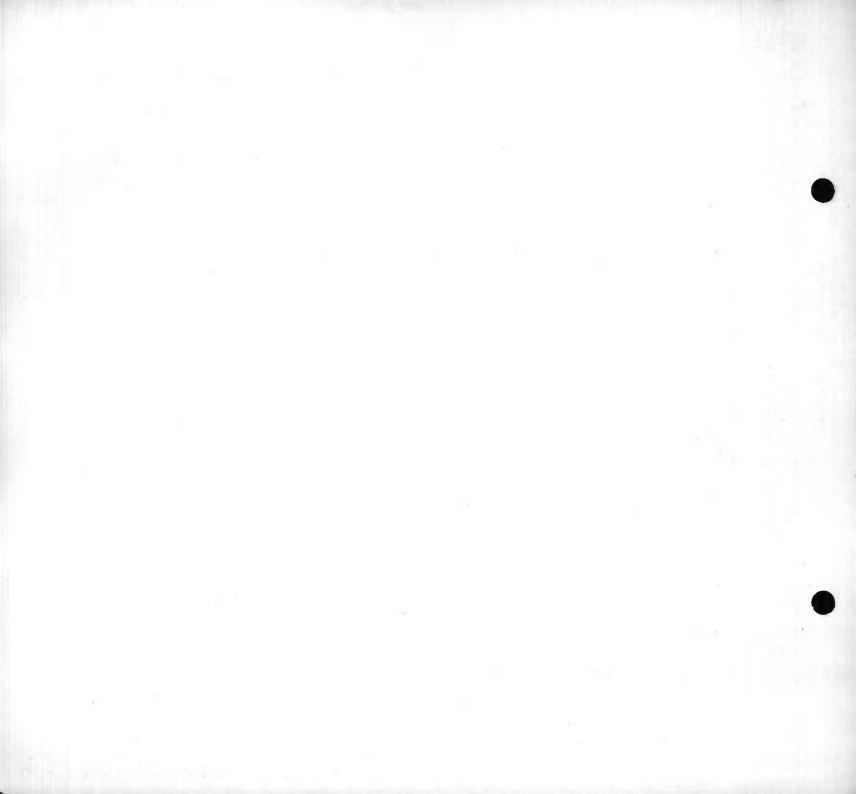
BALTIMORE CITY HEALTH DEPARTMENT



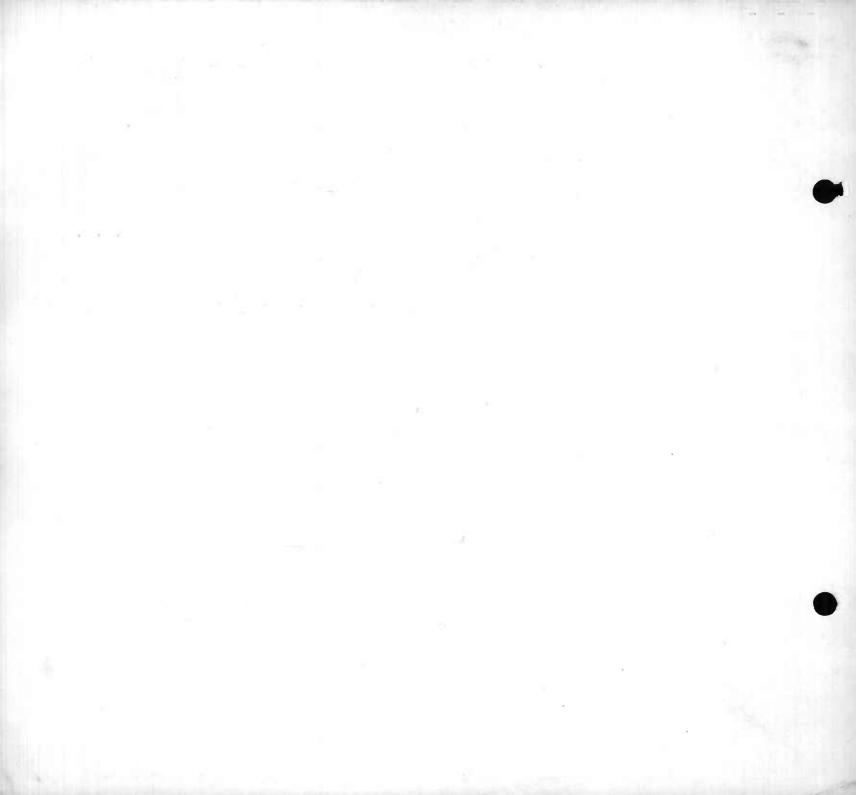
Registered No. 66 01622 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) (If outside city limits, write RURAL and give township) 21218 If Under 24 Hrs. Hours Min. If Under 1 Yr. Months Ooys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 21224 Records: BCH-4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH 15 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 4940 Eastern Avenue Baltimore Maryland eceased (City, town, or county) 258. NAME OF REGISTRAR AODRESS VS 150-REV. 1/1/65

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VS 150-REV. 1/1/65

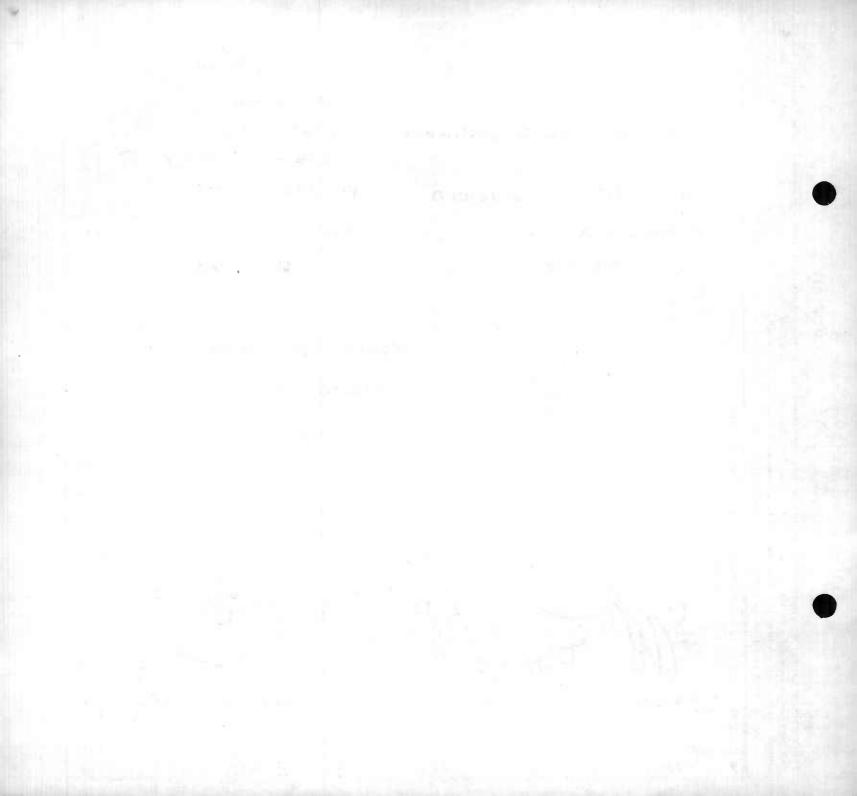


BIRTH NO.

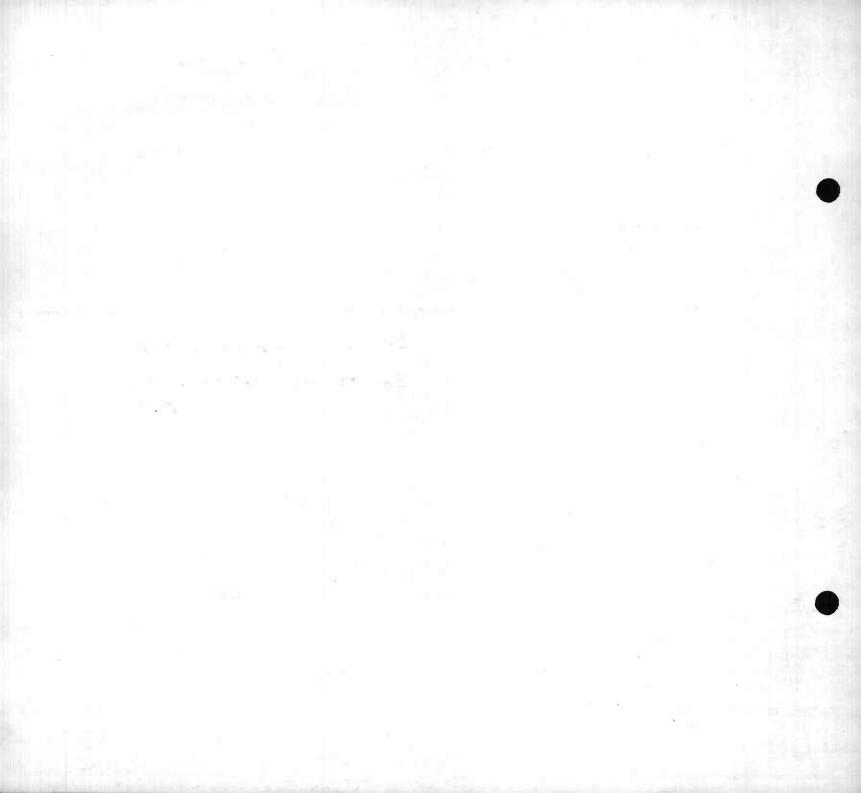
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

AAS CASS NO	ICAL LAAMII	ALK 5 CE	KIII ICA		DLA III Register		
M.E. CASE NO.	***************************************			2 DATE AN	D HOUR PRONOUNCE	ED DEAD	
1. NAME OF DECEASED A. (Type or Print) Gaither Richmon							
3. PLACE IN BALTIMORE, MARYLAND, W	4. USUAL RESIDENCE (Where deceosed lived. If institution: tesidence before odmissic A. STATE Maryland B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TO		e corporate limits, write	RURAL ond give	township)
1.						0 0	3
Union Memorial	D. STREET ADE	2424	uilford Aven	nue			
5. SEX 6. RACE	7. MARRIED, NEVER M		B. DATE OF BIRT	гн	9. AGE (In years	If Under 1 Yr. If	
Male Negro	Single	/specity/	1-1-1945		21	Months Doys	Hours Min.
IOA. USUAL OCCUPATION (Give kind of work		S OR INDUSTRY			n country)	12. CITIZEN OF	
done during most of working life, even if retired)			Burlingt	on. N.C		U.S.A.	NTRY?
13. FATHER'S NAME			14. MOTHER'S A				
Total and Miles			Mary H	Timber			
Junious Miles 15. WAS DECEASED EVER IN U.S. ARMED		AL			ilford Ave.	ADDRESS	
(Yes, no or unknown) (If yes, give wor or dote		42-2237		inious M			
no	219-			IIII da F	III C3	•	
18.		CAUSE	OF DEATH				AL BETWEEN
DISEASE OR CONDITION DI	RECTLY	C		0 1		.,	
(This does not meen the mode of		173/	lot woune	or che	st involving	the .	
heart failure, asthenia, etc. It means injury or complication which coused	the discose,	nueco heart	and the	aorta.		986	
ANTECENDENT CAUSE		(B)			***************************************		
DISEASES OR CONDITIONS, IF A	TATING THE	DUE TO					
UNDERLYING CONDITION LAST.		(C)					
<u> </u>		10/					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 194, DATE OF OPERATION 198, CON	LATED TO THE						
19A, DATE OF OPERATION 19B, CON		PERATION	20A. AUTOPS	Y? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDE	RED
WAS PER	FORMED		Yes		IN CERTIFYING CAUS	ES OF DEATH?	
O UNDERLYING DOR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF home, form, form		fice bidg., INJUR	y occur?	of in Boltimore City, given mount Ave.	re exact location)	
21D TIME (Month) (Doy) (Year	r) (Hour) 21E. INJUR	Y OCCURRED	21F. H	OW DID INJU	JRY OCCUR?		
(APPROX.) Febr. 12,1966	7:00 P. WHILE AT	NOT W	Shork Sh	ot			
22. I certify that I held an I	nquiry Inspec	tion Auto	psy K or	d that on th	is basis, death in m	y apinlon	
resulted from: Natural ca	uses Accident	Suicide	Homic	ide 🗶 I	Indetermined manne	or 🗌	
A		/	CHIEF	EDICAL EX	AMINER _		
SIGNATURE MUSIC	h.Zil		ASSISTANT A	EDICAL EX	AMINER X	Febr. 13,	1966
EXAMINER'S Werner	U. Sp/tz, M	.B.	ASSOCIATE I	MEDICAL E	(AMINER		_, 00
23A. BURIAL CREMATION, 238. DATE REMOVAL (Specify)	23C. NAME	of CEMETERY of	CREMATORY	23D. L	OCATION (City,	town, or county)	(Stote)
Burial 2/15/	66 Mt. Ca	alvary Ce	metery	Balt	timore, Mary	land	
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGIS			RAL DIRECTOR			3
FEB 15 1966 G D	. \$ 85 Failer	AL) O	Mars	hall [W.	Jones, Jr.	Ed MA.	
VS 151-REV. 1/1/65				4			

BUTTON BUTTON TO BE



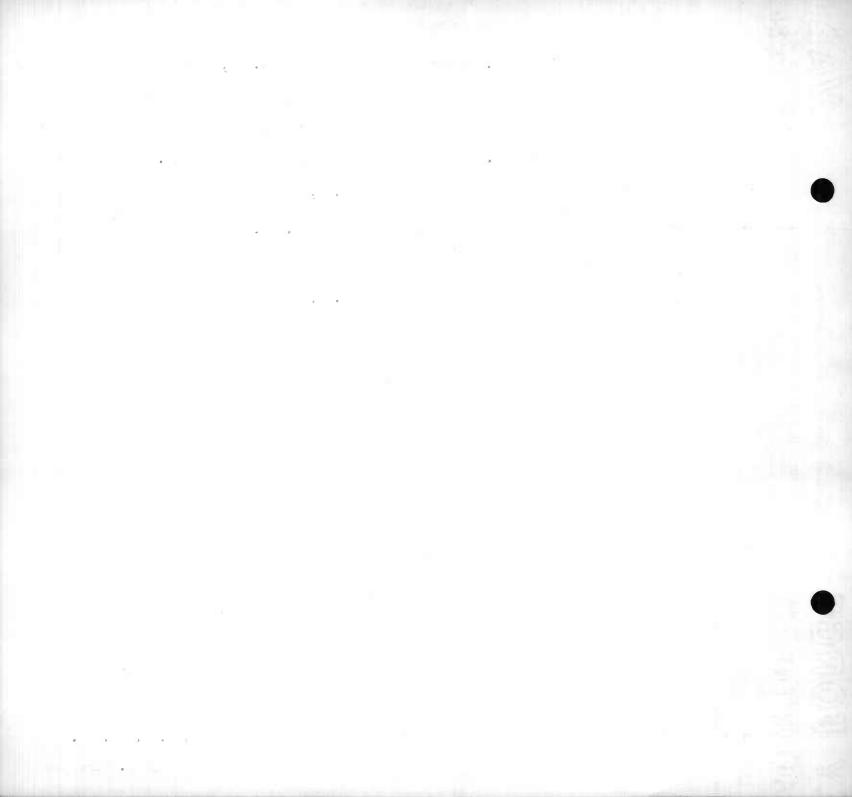
MANS



VS 150-REV. 1/1/65

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Ministry, toly policy and in the



66 01630

(If not in hospital or institution, give sheet

10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY

Baltimore (ity Hospitals

7. MARRIED, NEVER MARRIED

Married

WIDQWED, DIVORCED (specify)

6. SOCIAL

SECURITY NO.

Alexander

oddiess or location)

3. PLACE OF DEATH IN BALTIMORE MARYLANI

6. RACE

done during most of working life, even if retired)

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

FULL NAME OF

Chauffeur
13. FATHER'S NAME

HOSPITAL OR

INSTITUTION

5. SEX

CERTIFICATION

MEDICAL

Male

CERTIFIC

BALTIMORE CITY HEALTH DEPART

~ A	TF	OF	DEA	TH	Registered	Na
JA	1 =	UF	DEA			6

E OF DEATH Registered No.	C 11163D
2, DATE AND HOUR OF DEATH	p 01090
February 9, 19	
L USUAL RESIDENCE (Where deceased lived, 11-	66 10:30 P. M
	1/2 - 25
Maryland C. CITY OR TOWN (If outside city limits, write	
	RURAL ond give township)
Baltimore D. STREET ADDRESS (If rurol, give location)	
420 Elrino Street 21	
DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
12 - 21 - 13 52 BIRTHPLACE (Stote or foreign country)	
. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Raltimana Manuland	U.S.A.
Baltimore, Maryland	u.J.M.
Anna Klecnack	
INFORMANT	ADDRESS
Stabasia Klimmida 1120	61-: 64 2124
Stephanie Klimovitz 420	Elrino St. 21224
Stephanie Klimovitz 420 DEATH	Elrino St. 2124 INTERVAL BETWEEN ONSET AND DEATH
No.	IIII IER A WE BE I AA EEL
Stephanie Klimovitz 420 DEATH SOCKAPULA LES CHOOL	IIII IER A WE BE I AA EEL
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goranded inferction	IIII IER A WE BE I MEEL
souched inferction	IIII IER A WE BE I MEEL
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porchard inferction	ONSET AND DEATH
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Docarded angeration Thereto occlusion J.D. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
pockhold mederation Thenchy occlusion 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	ONSET AND DEATH
20A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING C. 1 obout 21 C. WHERE DID (If in Boltimo	ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
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20A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING C.	ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease,

DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

injury ar camplication which coused death.) ANTECEDENT CAUSES

21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHE home, form, foctory, street, office bldg., INJURY O OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21E INJURY OCCURRED

21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)

UNDERLYING CONDITION last.

(Hous)

While At Not While Work At Work

that (I) (we) last saw the deceased alive an

22. I certify that (I) (this hospital) attended the deceased fram

and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE

Attending &

238, DATE SIGNED

23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS

4C. NAME of CEMETERY OF CREMATORY

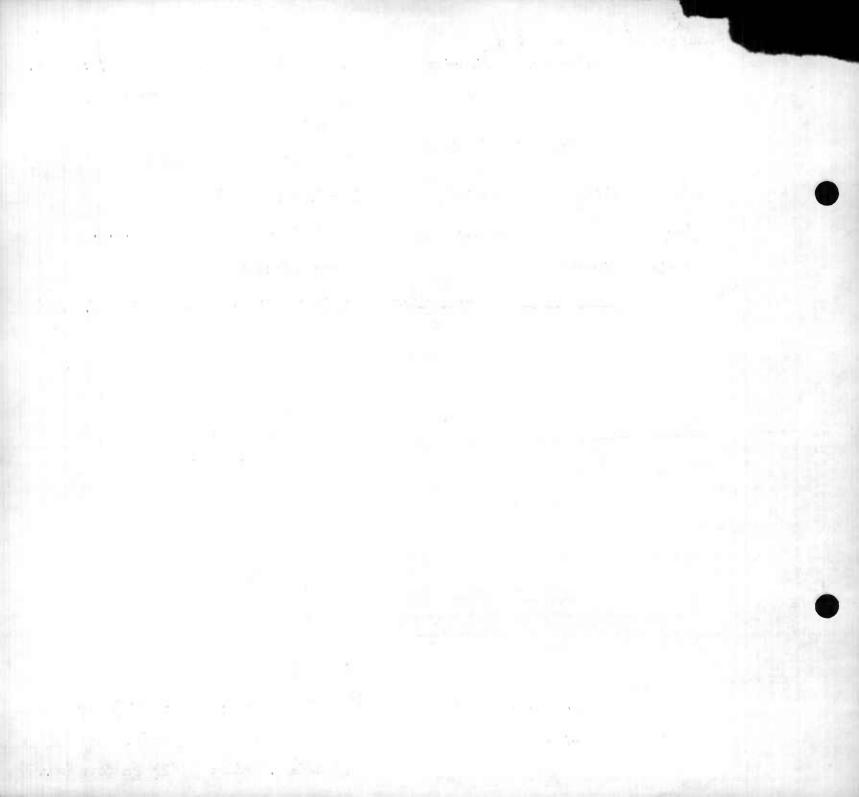
24A. BURIAL CREMATION REMOVAL (Specily)

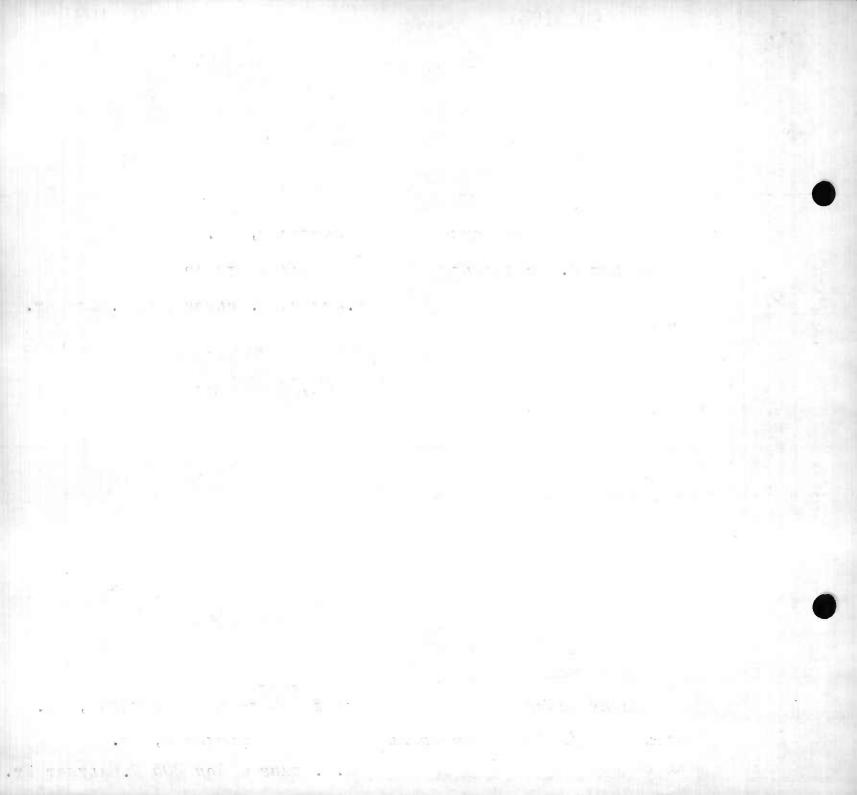
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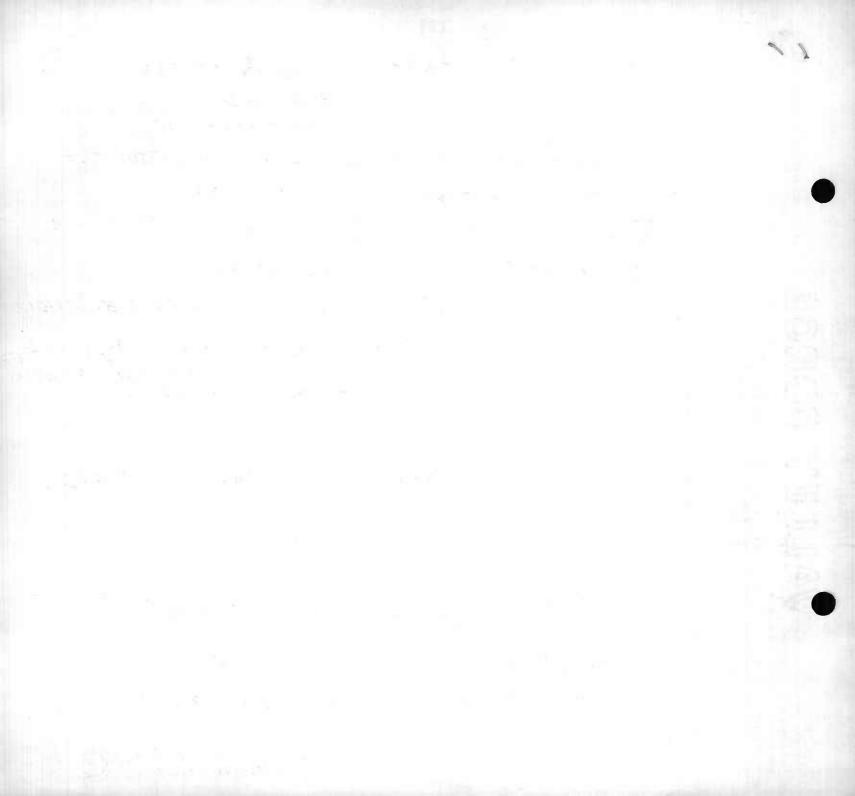
258. NAME OF REGISTRAR

Cemetery Bo Charles S. Zeiler

VS 150-REV, 1/1/65







VS 150-REV, 1/1/65

the grant will be The Steel of Topics The state of the s white out in living spicely Asser 1 Section 1997 and 1997 and 1997 are the section 1997 are t IS AN INC. IN THE REAL PROPERTY.

RTH NO.	66 016			Registered No.	66 04624		
NAME OF DECI	47 10	OG CERTIFICA	TE OF DEATH	ND HOUR OF DEATH	7001		
ype or Print)	EDWARD	ROSEMAN	2/13		11:30 P		
PLACE OF DEA	ATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If i	nstitution: residence before odmissio		
FULL NAME OF HOSPITAL OR oddress or location) (If not in hospital or institution, give street oddress or location)			Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) Baltimore				
Temple Garden Apts.			D. STREET ADDRESS (If rurol, give location)				
		Apt 708 A	2601 Madison Ave.				
SEX		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
MALE	WHITE	SINGLE	11 DINTUDI A CE (C. 1 (-	71	12. CITIZEN OF		
	working lile, even if retired)	SHOE	BALTIMORE, M.		WHAT COUNTRY?		
FATHER'S NAM		SHOL	14. MOTHER'S MAIDEN NA	AME	l usa		
109	SEPH ROSEMAN		DENA	?			
. Wos Deceosed	Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMANT		ADDRESS		
NO NO	(II yes, give wor or dotes o	290/05/6232	Mrs. Sidney	Mondell-6607	Dalton Dr. # 7		
18. 2/ 2	2./1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH		
	SE OR CONDITION DIREC	TLY	1. 1. homen		C. II.		
	LEADING TO DEATH nal mean the made of dy	ing, e.g., DUE TO	tul henned		Surgen		
heart failure,	asthenia, etc. It means the	disease,	1 1 %	0 40	2 nears		
	ANTECEDENT CAUSES		Jarosan	C, V. J.			
1							
DISEASES C		DUE TO					
rise to the	OR CONDITIONS, if any e above cause (A) sto	, giving			•		
rise to the	OR CONDITIONS, if any e above cause (A) sta	, giving					
OTHER SIGNI	OR CONDITIONS, if any e above cause (A) sto G CONDITION last.	, giving sling the (C)					
other signi	OR CONDITIONS, if any e above cause (A) sto G CONDITION last. IFICANT CONDITIONS CONTEATH BUT NOT RELATED CONDITIONS CONDITIONS CONDITIONS CAUSING IT.	, giving pling the (C) ITRIBUTING TO THE	20 A. AUTOPSY? (Yes or h	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OTHER SIGNI TO THE DISEASE OR 19A. DATE OF	OR CONDITIONS, if any e above cause (A) sto G CONDITION last. II IFICANT CONDITIONS CONTEATH BUT NOT RELATE CONDITION CAUSING IT.	, giving pling the (C) ITRIBUTING TO THE	or obout 21 C. WHERE DID		FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact locotion)		
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OTHER SIGNITO TO THE DO DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notily 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	OR CONDITIONS, if any e above cause (A) sto G CONDITION last. IFICANT CONDITIONS CONTEATH BUT NOT RELATED CONDITION CAUSING IT. FOPERATION 198. CONDITIONS PERFOR MAS UNDERLYING UTING CAUSE OF medical examine) (Month) (Doy) (Year) (I) that (I) (this hospital) of lost sow the deceased of deceased of the causes stoted.	ITRIBUTING TO THE ION FOR WHICH OPERATION MED 218. PLACE OF INJURY (e.g., in home, form, foctory, street of etc.)	21F. HOW DID IN and stiew the body ofter death	(If in Boltimo	Te City, give exact locotion) 2 1966 Inlini death accurred on the d		
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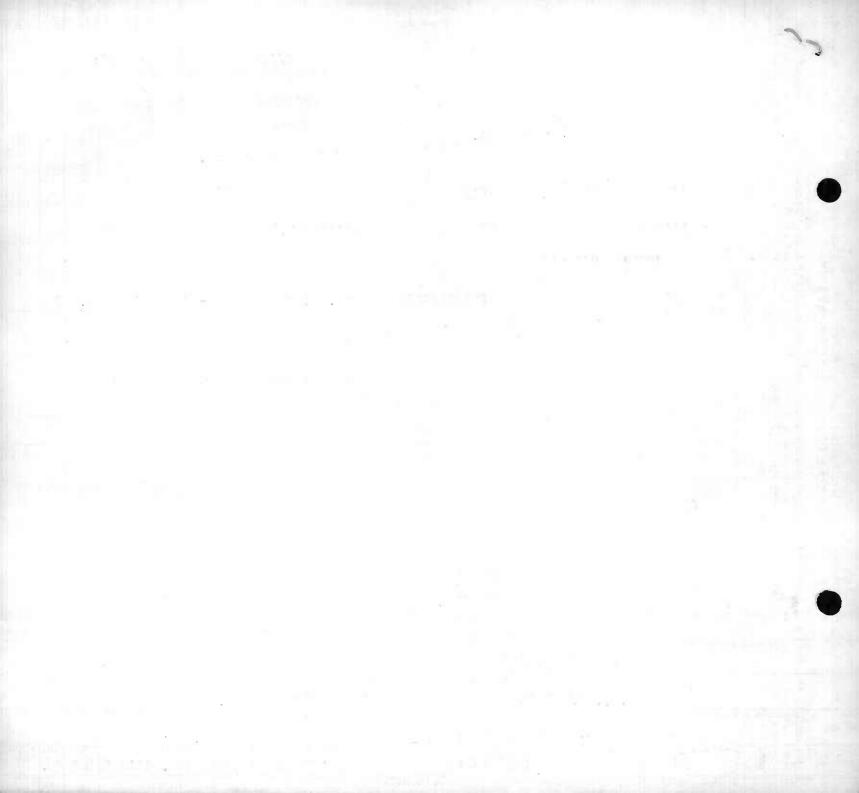
Israel Baltimore,

125C. FUNERAL DIRECTOR;

SOL LEVINSON & MIROS BURIAL 25A. DATE REC'D BY HEAL Reist Rd. INC. 6010 VS 150-REV. 1/1/65

Maryland

ADDRESS



IMPORTANT

DIRECTOR:

FUNERAL

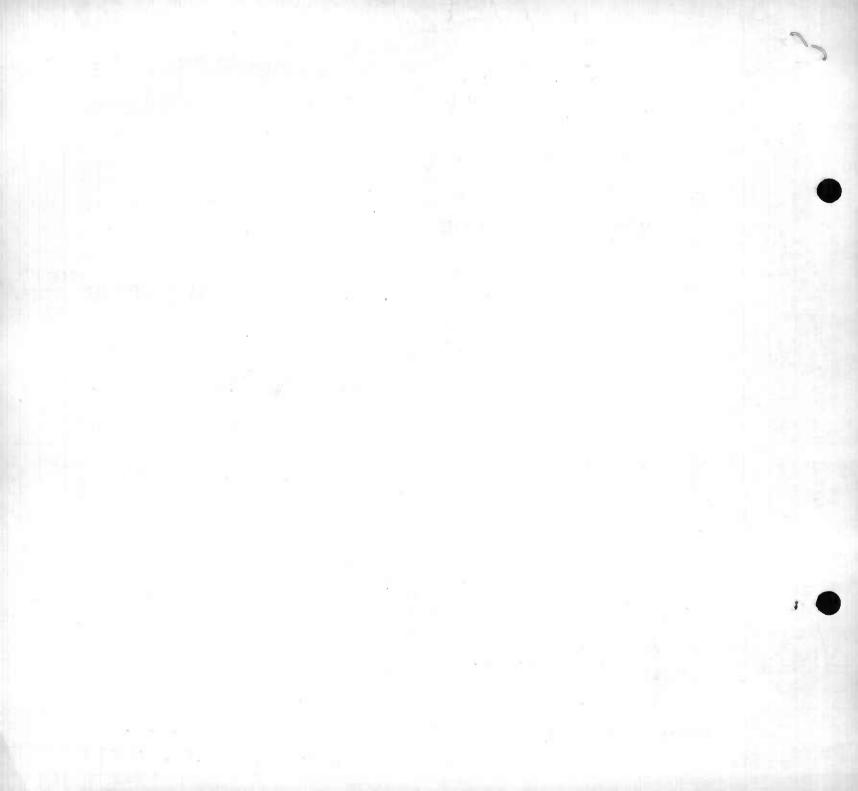
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BALTIMORE CITY HEALTH DEPARTMENT

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BALTIMORE CITY HEALTH DEPARTMENT

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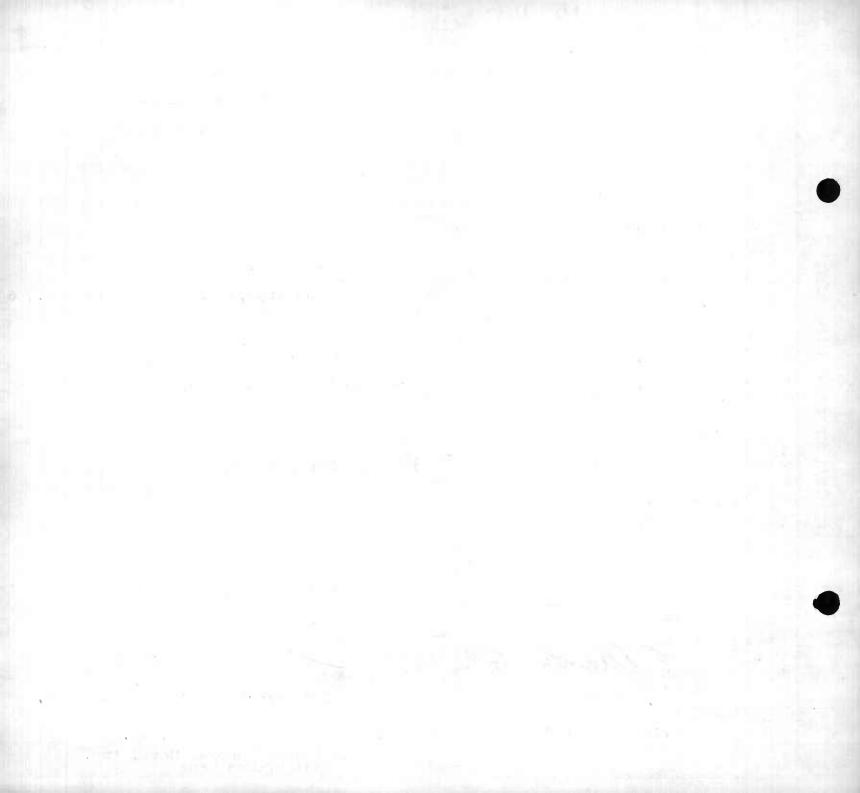
death

IMPORTANT

FUNERAL DIRECTOR:

approved

V\$ 150-REV. 1/1/65



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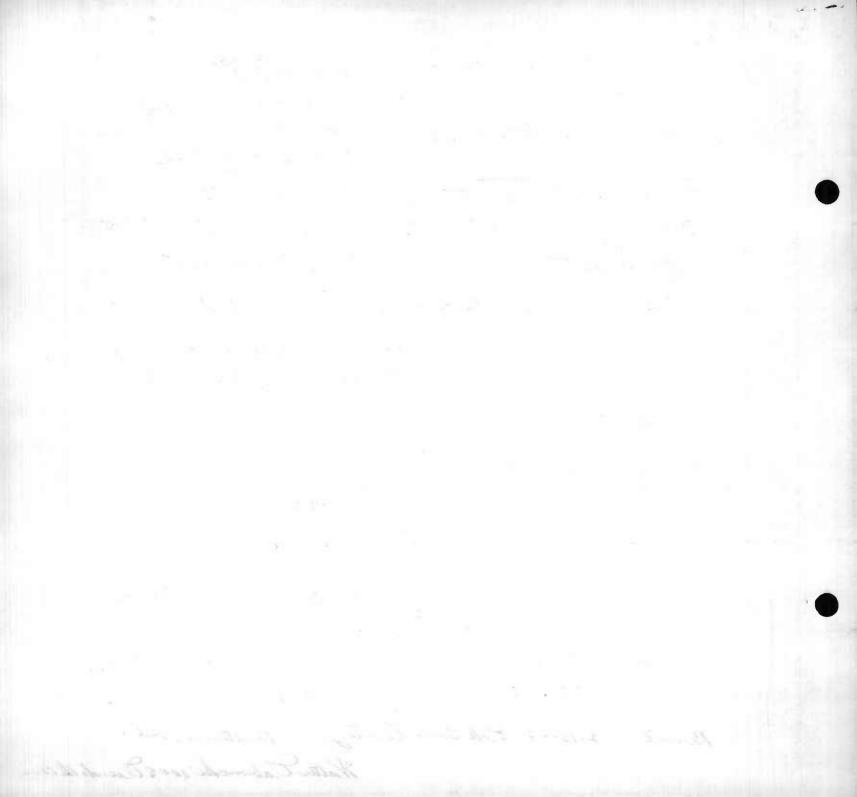
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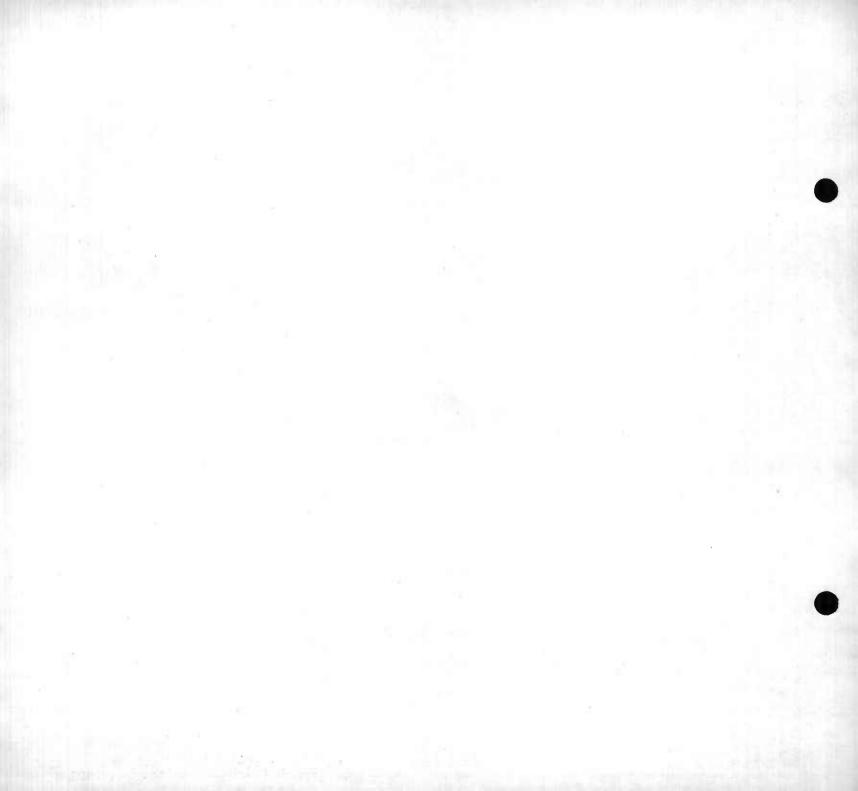
4040	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66 01640	CERTIFICA	TE OF DEATH	Registered No	66 01640
M.E. CASE NO.	CERTITICA	1		00 2020
(Type of Print) Long, Kar	hern S.	2. DATE A	ND HOUR OF DEAT	10:30 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. USUAL RESIDENCE (Wh.	/ /	institution: residence before admission)
FULL NAME OF (If not in hospital at institute MOSPITAL OR oddless at location)	ion, give street	maryland	,	Raller
INSTITUTION	11-100	Ballemor		RURAL and give township)
1 montebulo State:	Hospital	D. STREET ADDRESS (II	f rurol, give lacation)	0
			tley Nove	
Femalo While S	RIED, NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH \$/15/19/2	9. ASE (In years last birthday)	If Under 1 Yi. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Sales lady		West-Very	Eonea	ust.
13. FATHERS NAME		14. MOTHER'S MAIDEN NA		
John Scott			nevant	
15. Was Deceased Ever in U. S. Armed Faces? (Yes, no a unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	216-10-0019	Hospilal Ke	ecerds	
18. 601X I	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/10	1. sonkoni	P20-	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	n- Zundeoner	, 200	2 years.
injury at camplication which caused deoth.)	no no	n Juncleoner	9 Kedney,	90°
ANTECEDENT CAUSES	(B)		·····	
DISEASES OR CONDITIONS, if any, gi				
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	######################################		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? IYes or M		E FINDINGS CONSIDERED :: AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 27C. WHERE DID	(If in Baltim	ore City, give exoct lacation)
21D. TIME (Month) (Doy) IYear) (Haus)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22. I certify that (1) (this hospital) attend		7/15/63	.19to	3/10/66 19
that (I) (we) lost sow the deceased alive	2/10/00	19 ond t		plnion death accurred on the date
ond hour and from the causes stated above				
23A. SIGNATURE			•	23 B. DATE SIGNED
Daniel J. Frai	M.D. Atte	ending Med. Director	Staff Phys.	2/10/66
23C. PHYSICIAM'S NAME (Type) Daniel G Lai	M.D.	230 ADDRESS	e drine, k	Ellemore, mal
	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	Jak Lawn Con	etern 1	2 Minie.	md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNETAL PIRECTO	OR)	ADDRESS
15 1000 A D 6-6	Fre Deuter	Walter Da	houghe "	05 Dundelleure
VS 150-REV. 1/65	1 100	The state of the		V V V V V V V V V V V V V V V V V V V



W.	ETH NO. 66 01641 CERTIFICA	ATE OF DEATH Registered No. 11641			
	NAME OF DECEASED pe or Printl Fell 3 Sliza.	2. DATE AND HOUR OF DEATH 2/11/66 6:200.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission			
		A. STATE B. COUNTY A. A.			
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
- 1		Skadyside 52-00			
/	Monte Sele State Hospeleil	D. STREET ADDRESS (If rurol, give locotion)			
_		Wood's Wharf Road			
	SEX 6. RACE 7 MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In Geors If Under 1 Yr. If Under 24 H Month's Doys Haurs Min.			
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR ne during most of warking life, even it retired)	WHAT COUNTRY			
	Housewife	maryland ust			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	lenknown I homas Lee	Blig Fice Mollie Crutchley			
5.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT			
	no lenkpour	Hospital Records			
Ī	18. 21. 0 0 0 CAUSE	OF DEATH INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D D D DEATH			
	(This does not mean the made of dying, e.g., DUE TO	lewin desolv spart Nesser Renknoun			
	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)				
	ANTECEDENT CAUSES (8)	Terris desotie Heat Disage centraun			
	DISEASES OR CONDITIONS, if any, giving				
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (Iff in Boltimore City, give exact location)			
CAL	DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?			
MEDIC		21F. HOW DID INJURY OCCUR?			
S	(APPROX.) While At Not Whork At Work				
	22. I certify that (I) (this haspital) attended the deceased from				
	that (I) (we) lost saw the deceased alive on 2/11/66	19ond that in(my) (our) apinian death accurred on the d			
	and hour and from the causes stated above. (1) (We) (did) (did not)				
	23A. SIGNATURE	238. DATE SIGNED			
	Deniel J. Nav M.D. A.	thending Med. Stoff Phys. D 2/11/66.			
	23C PHYSICIANS				
	NAME (Type) Daniel G. Lai	Montebello State Hospital			
4	A-BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	Beltimore, Md. 21218 REMATORY 24D. LOCATION (City, town, or county) (State)			
	BUDIAL 2-13:61 (1)01-05-11	Golosalla MI			
25.	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
	FEB 15 1966 @ 0 15 @ Ja Ob Mar 0	1 Thronger Hardenty Galeguelle M.			
	150-REV. 1/1/65	The state of the s			

Thomas Lee Michie 2014

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FUNERAL DIRECTOR:

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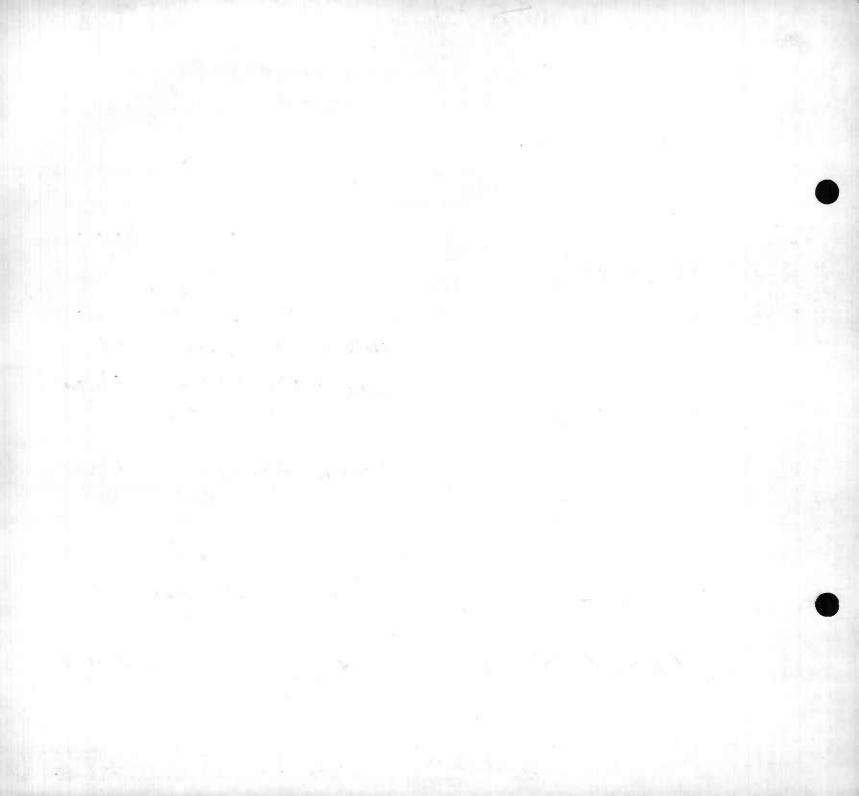
BALTIMORE CITY HEALTH DEPARTMENT

Il Under 24 Hrs.

Hours

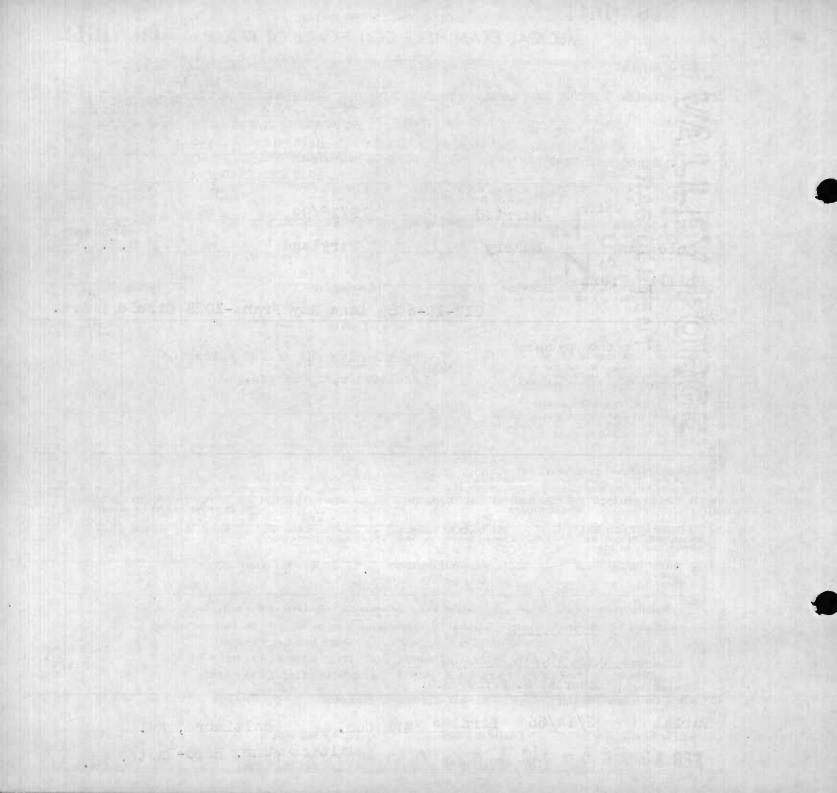
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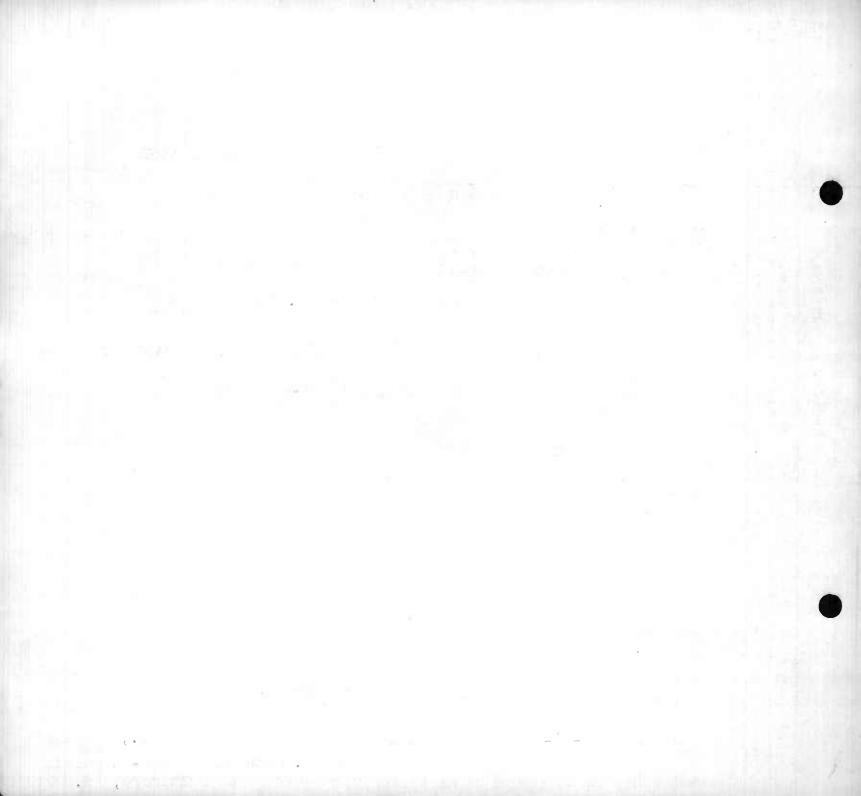
ONSET AND DEATH



66 01644

BIRTH NO.	MED	ICAL EXAMINE	ER'S CE	RTIFICA1	E OF	DEATH Registe	red No. 1	1644
M.E. CASE NO.								
1. NAME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
trype of tills	EDWARD	JOHN	FRA	NZ	Febru	ary 10, 196	6	12:20 P
3. PLACE IN BALT		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - Rural						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION							STREET	
0. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				D. STREET ADDR		Raias	00	000
St. Ag	nes Hospital					le Drive		
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARI		12/16/9		9. AGE (In years lost birthdoy)	Months D	Yr. If Under 24 Hi
IOA. USUAL OCCI	UPATION (Give kind of wor	Married	R INDUSTRY	1. BIRTHPLACE	State or foreign		12. CITIZEN	N OF
	working life, even if retired)						WHAT	COUNTRY?
Salesi 13. FATHER'S NAM	nan	Bakery		Maryla	and		U. X	5.A.
13. FATHER'S NAM	ΛE		- '	4. MOTHER'S M.	AIDEN NAM	E		
Dh4774	o Franz							
15. WAS DECEASE	D EVER IN US. ARMED			7. INFORMANT			ADDRESS	
(Yes, no or unknown	(If yes, give wor or date					3000 #	7 .	Dood one
No		212-10	0-6489	Anna Ma	ay Fra	.nz-1028 C	ircle	Drive.
1B. of 4	3 X 1		CAUSE	OF DEATH	19/44			NTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY						
	LEADING TO DEATH	1	Hyperte	ensive an	d Arter	ciosclerotic		
(This does	not mean the mode of , osthenia, etc. It means	dying, e.g., XXX	€XX					****************
injury or co	mplication which coused	deoth.)	Cardio	ascular	Disease	2.	-	
OF STREET		T1.5443976017						
	ANTECENDENT CAUSI	(R)						
DISEASES RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S	TATING THE	JE TO					
	NG CONDITION LAST.						-300	
Z		(C)-						
2								
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE							
E DISEASE O	R CONDITION CAUSING					*******************************		
OTHER SIG TO THE DISEASE O	OPERATION 198, CON WAS PER	IDITION FOR WHICH OPER	ATION	20A. AUTOPSY		20B. IF YES, WERE FIL	NDINGS CO SES OF DEA	N SIDERED TH? Yes
21 A. EXTERNA	L CAUSE WAS	218 PLACE OF IN	IJURY (e.g., in	or about 21C. W	HERE DID	(If in Boltimore City, gi	ve exact lac	otion)
UNDERLYING CAU	OR CONTRIB-	home, form, focto	ry, street, offi	ice bldg., INJURY	OCCUR?			
Z 21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 21E. INJURY C	CCURRED	21 F. H.C	LINI DID WO	JRY OCCUR?		
OF INJURY (APPROX.)		m. WHILE AT	NOT W	HILE				
22.	tify that I held an	nquiry Inspection	n Auta	psy X and	I that on th	is basis, deoth in n	ny apinian	
resul	ted from: Notural ca	uses X Accident	Suicide	Homlei	de 🗌	Undetermined manne	er 🗌	
				CHIEF M	EDICAL EX	AMINER -		
ACTUA	L (1)/	-10. 1/-	-					DATE SIGNED
SIGNAT	URE	ares I les		ASSISTANT M				2/11/66
EXAMIN NAME (s S. Petty, M.D).	ASSOCIATE M	EDICAL E	XAMINER		
23A. BURIAL CRE	MATION, 238 DATE	23C. NAME of	CEMETERY of	CREMATORY	23 D. L	OCATION (City,	, town, or co	unty) (Stote)
REMOVAL (Specif	0/21/	66						
Burial	2/14/			Cem.	Ba	ltimore. 1	Md.	
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME OF REGISTRA	R	24C. FUNERA	AL DIRECTOR			DDRESS
EER 15	1986 @ 0. 1	C FAR ME	0 0	Walte:	rs Fun	r. Home-Ba	alto.	Md.
VS 151-REV. 1/1/		A MANUAL TO		1 1	1 1			

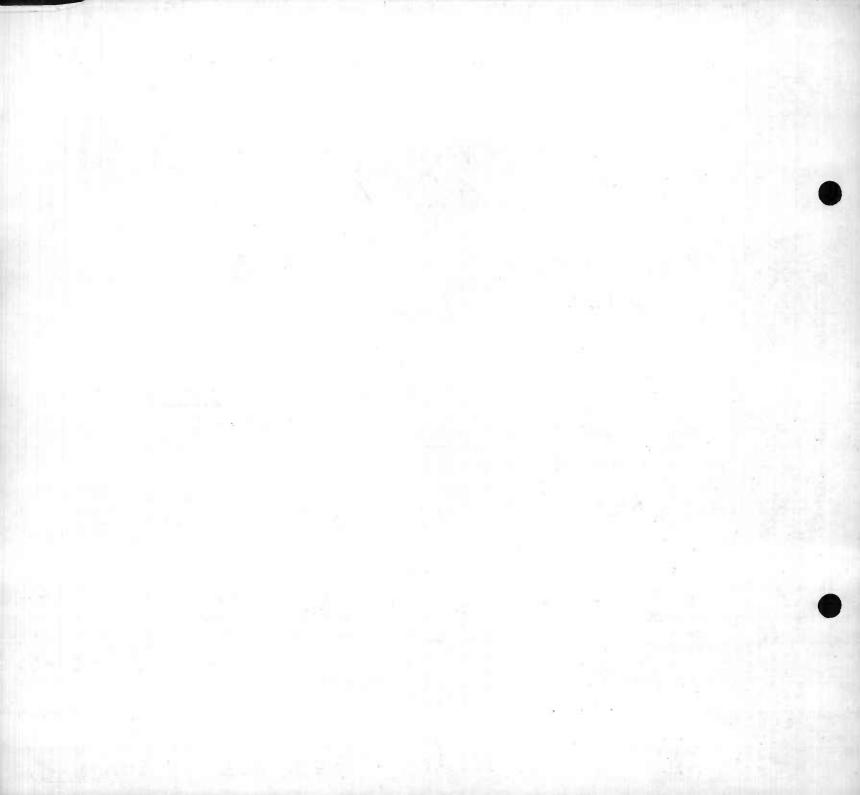




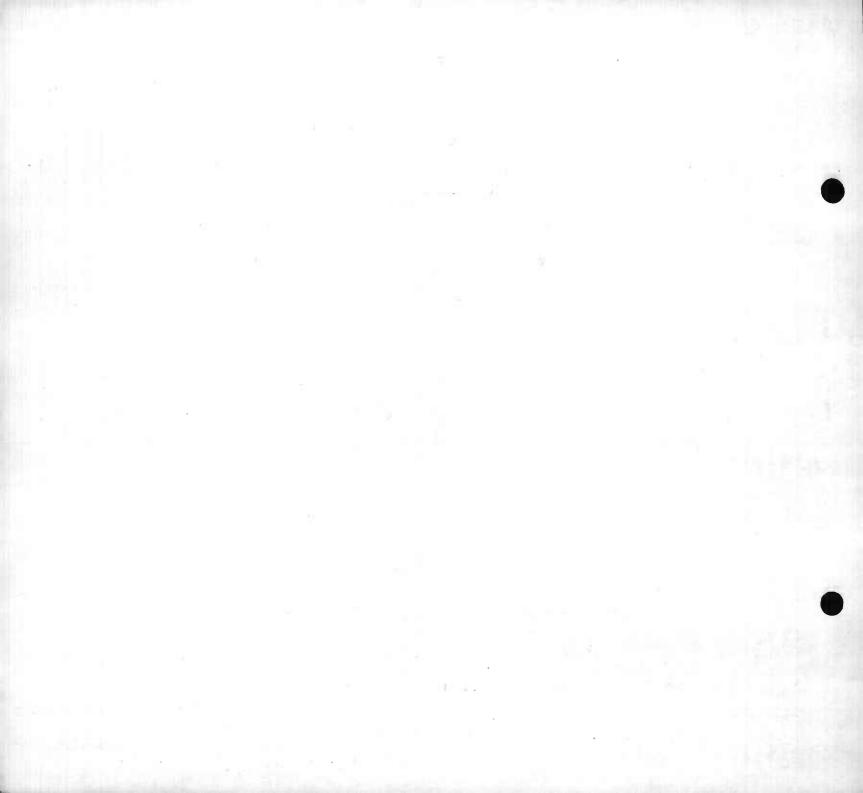
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of death Deceased

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	12500	STORES	BALTIMORE CITY	HEALTH DEPARTMENT		CC MACAM		
BIRTI	NO. 00	01017	CERTIFICA	TE OF DEATH	Registered Na	00 0164/		
	CASE NO.	(DONALE	THEODORE BONN	EY) 2. DATE	AND HOUR OF DEATH	0115		
(Туре	e ar Print)	DONAL	D BONNEY	1	2-10-66	1 G F S		
3. PI	LACE OF DEATH IN	BALTIMORE, MARYLAN	D	I A. STATE B. CO	There deceased lived. If inst	titution: residence before (dmission)		
FI	ULL NAME OF	(If not in haspital or inst	itutian, give street	MARYLAND		14-01		
	OSPITAL OR	address or location)		C. CITY OR TOWN (IF	autside city limits, write RU	JRAL and give township)		
5	Fue laws	11.		BALTIMORE	21217			
	THE JOHNS	HOPKINS H	OSPITAL	D. STREET ADDRESS	(If rurol, give location)			
				MARLBOROU		1701 EUTAW PL.		
5. SE			ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) WIDOWER	8. DATE OF BIRTH 3-21-04	9. AGE (In veors	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.		
10À.			IND OF BUSINESS OR INDUSTRY			12. CITIZEN OF		
	during most of working		En ada a condens	Union City.		WHAT COUNTRY?		
PI	coressor	or Chemical	Engineering of Maryland			0.021		
13. F			or mar a rema	14. MOTHER'S MAIDEN				
	Ø JAME	S BONNEY		MARY PET	IBONE			
		n U. S. Armed Forces?	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	174 m and and = - Th	ADDRESS		
	no		219-36-8613	Miss Marian 1520 Avon B	lace, Pitts	onney (sister) burgh Pa.15221		
1	18. 294)	(1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
		CONDITION DIRECTL	Y		Annest	-		
		ING TO DEATH on the made of dying	(A) DUE TO	cardiae	COULLEX	0 0		
	hearl failure, asthe	nia, etc. It means the d	isease,	1 -	1 1 0			
		ian which caused death	.)	Oucresture.	MOCENT to	Iller 2 WKS		
		CEDENT CAUSES	DUE TO					
		ONDITIONS, if any, ave cause (A) statin		20 bentho	mid Vert	1 7 were		
	UNDERLYING CO		19 1110					
		- 11	,					
O		T CONDITIONS CONTR						
	DISEASE OR CONE	NITION CAUSING IT.	-					
RTIFIC	19A. DATE OF OPER	ATION 198, CONDITION	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
Ü	21 A. ACCIDENT WA	AS UNDERLYING	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, a	n or obodi 21 C. WHERE DID	(If in Boltimore	City, give exact locotian)		
	DEATH (notify medic		etc.)					
0		th) (Doy) (Yeor) (Hou	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
>	OF INJURY (APPROX.)		While At Not While					
-			Wark Al Work	1799	11 2	1112 11		
1	22. I certify that (I) (this haspital) attended the deceased fram 1966 1966 1966							
1	that (I) (we) last saw the deceased alive an 2 19 and that in (my) (aur) apinian death accurred an the date							
-	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after deoth.							
1	3A. SIGNATURE	0.				238. DATE SIGNED		
П	6/0111	11 Jack	A AM Phy	ending Med. S. Director	Staff Phys.	2/10/66		
1	23C-PHYSTCIAN'S	JAMES	SAM LOUIE	23D. ADDRESS				
	NAME (Type)	OAMES	PAM LOUIE M.D.	(I tot		L		
24A.	BURIAL CREMATIC	ON, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D	LOCATION (City	, town, or county) (State)		
	REMOVAL (Specify)						
		eb. 1966	Evergreen Cem			y, Penna.		
25A.	FEB 1	5 1988 (3 19	NAME OF REGISTRAR	HENRY SA	NDER & SONS.	INC.		
VE 3	50 BEV 1/1//5	- 1000 G. K.	D C. TONDEDTHE	Del Cimor.	FIU.			
V > 1	50-REV. 1/1/65							



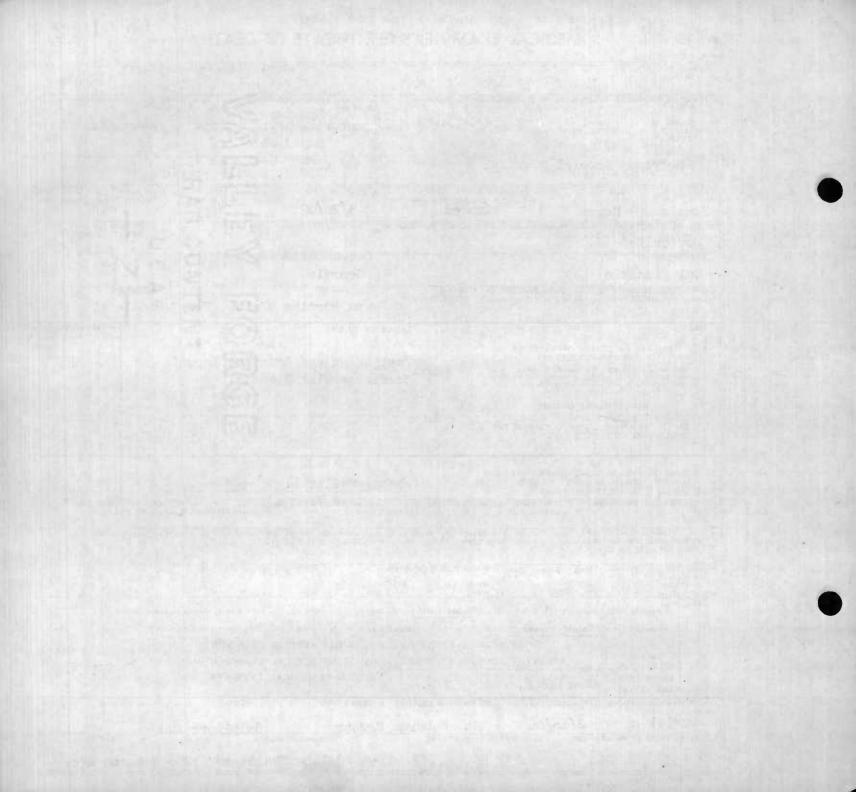
00 31000	BALTIMORE CI	TY HEALTH DEPARTMENT	00 31040			
BIRTH NO. 66 U1648	CERTIFIC	ATE OF DEATH Registe	ered No. 66 U1648			
M.E. CASE NO. 1. NAME OF DECEASED (MARGAR)	ET MAGGIE PA	STERS) 2. DATE AND HOUR O	P DEATH			
(Type or Print) Massayet Past	(V 5	10 71666	1800			
3. PLACE OF DEATH IN BAUTIMORE, MARYLAND			tived. It institution: residence before admission			
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	on, give street	Md Balt	oits, write RURAL and give township)			
4	,	Balto				
Fayette Convalence at H	om e	D. STREET ADDRESS (If rural, give lo	21282			
	IED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In lost birthdoy)	years If Under 1 Yr. If Under 24 H			
DA. USUAL OCCUPATION (Give kind of work 10 B, KIND	Idonek	150016 8	9			
one during most of working life, even if retired)	OF BOSINESS OF INDUST	RY 11. BIRTHPLA CIE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Hausowate		Maryland	VSA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.11			
	man		Ball			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
no	none	JEFreeman 507 Wilto	in Rd 21204			
18. 491XI		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		0	ONSEI AND DEATH			
LEADING TO DEATH	(A)	Brenchopneumenia	5 d			
(This does not meon the mode of dying, etc. It meons the disect		1				
injury or complication which coused death.)	(B)					
ANTECEDENT CAUSES	DUE TO	***************************************				
DISEASES OR CONDITIONS, if ony, giv						
UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	TING PART H. + R	10.4 INCVD Gaern	_			
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YE	ES WERE EINDINGS CONSIDERED			
WAS PERFORMED	S	IN CERTIF	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.	"in or about 21 C. WHERE DID (If i	in Baltimore City, give exact location)			
DEATH (notily medical examiner)	etc.)					
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCU	R?			
(APPROX)						
22. I certify that (I) (this haspital) ottende		2 - 1/2/	10 Feb 1966			
	11 T	//				
that (1) (we) last sow the deceased alive of			(our) opinion dooth occurred on the d			
	ond hour and from the couses stoted obove. (1) (We) (did) (did nat) view the body ofter deoth.					
23A. SIGNATURE HULLA	M.D. A	Attending Med. Stolf	23B. DATE SIGNED			
		hys. Director Phys.	10 Fe 066			
23C. PHYSICIAN'S NAME (Type) J Hulla	M.	D. 2214E Fayette St	21231			
AA. BURIAL CREMATION, 24B. DATE 24C	C. NAME of CEMETERY of	CREMATORY 24D. LOCATION	(City, town, or county) (Stote)			
	Baltimore Cer	meteny Delti-	omo Monari 1			
	AE OF REGISTRAR	metery Baltim	ore, Maryland			
FEB 15 1986 (D. A. A.	S. Faller M.D.	H. Sander & Sons				
/S 150-REV. 1/1/65	-,	1 Solle	. Inc., Balto.mMd.			

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	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) DATCY COODY	2. DATE AND HOUR PRONOUNCED DEAD
DAISY COSBY	February 10, 1966 2:50 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and B. County Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
Maryland General Hospital	D. STREET ADDRESS (If rurol, give locoson) 710 E. Biddle Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Female Negro Widowed	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H Months, Days Hours Min 63
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRIES OF INDUST	
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cal Lumpkin	Georgia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Mrs Dorothy Somith 710 Biddle At
18. 1 4 9 CAI	USE OF DEATH INTERVAL BETWEEN
779118691	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LYDO	untamaine and Autorite and analysis
(This does not mean the mode of dying, e.g.,	ertensive and Arteriosclerotic ardiovascular Disease.
ANTECENDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIAB DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	petes Mellitus.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location)
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY (APPROX.) WHILE AT NO	OT WHILE -
22.	Autopsy ond that on this basis, death in my opinion
	clde Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE () harles for M	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER 2/11/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER REMOVAL (Specify)	
Burial 2/16/66 Mt Auburn	Cemetry Baltimore Md
FEB 15 1966 A D F C C C C C C C C C C C C C C C C C C	Adolphus Halstead 1206 W North Ave
	TEOO W NOTELL AVE
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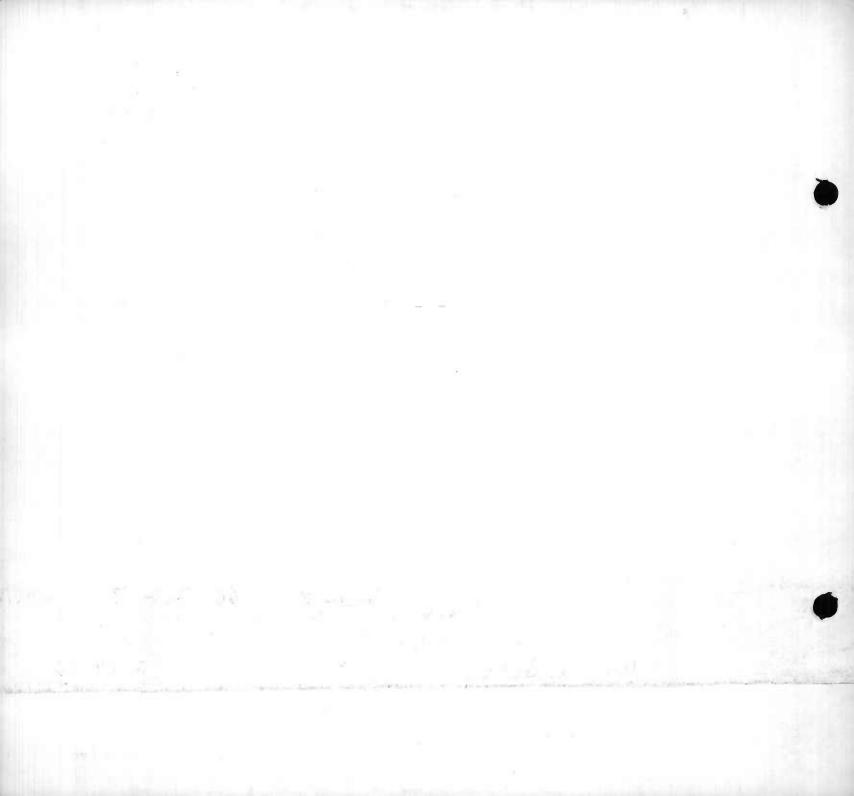
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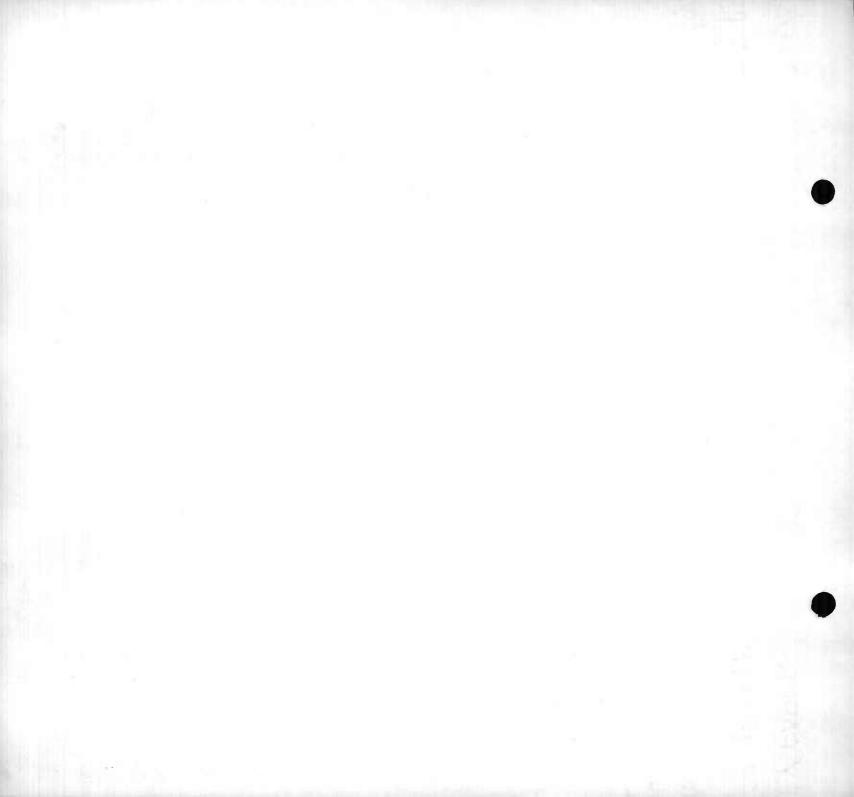
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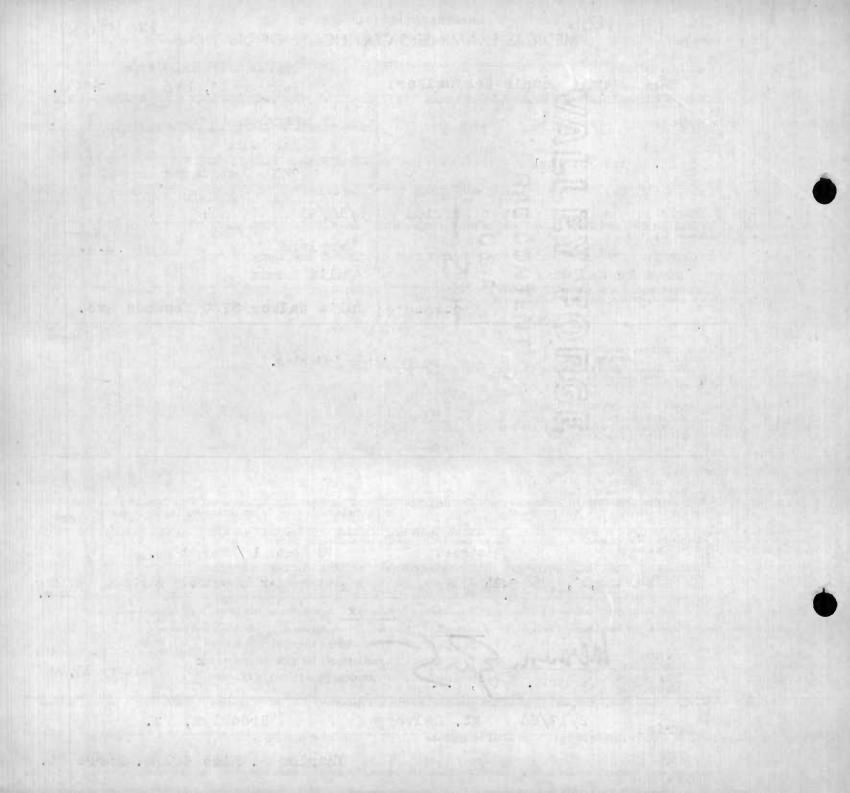


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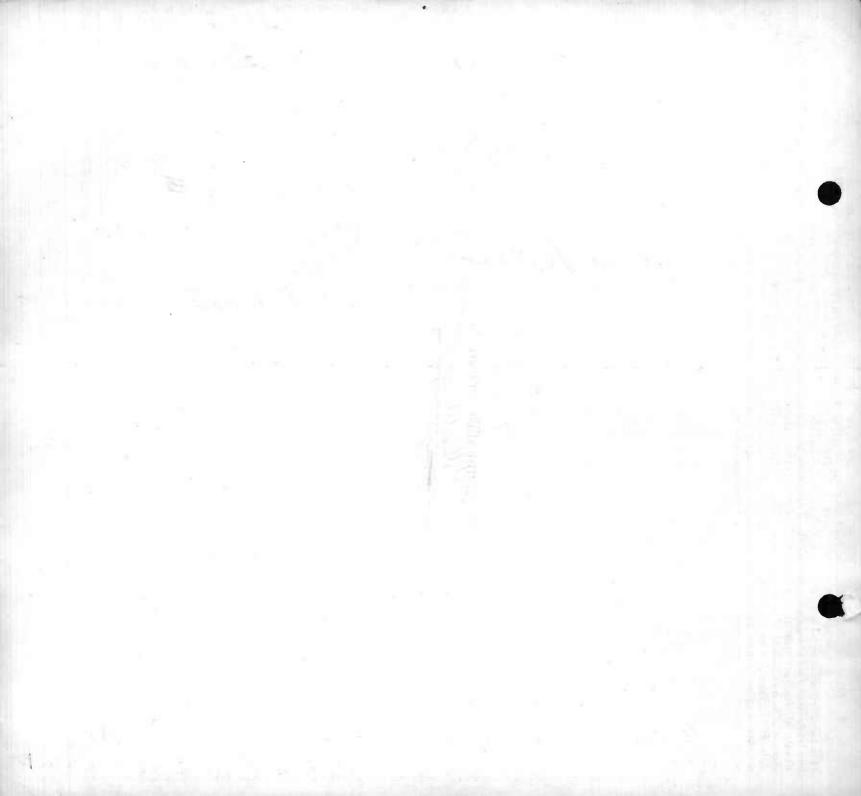
Charles A. Rice 661 W. Barre St.



IMPORTANT

DIRECTOR:

FUNERAL

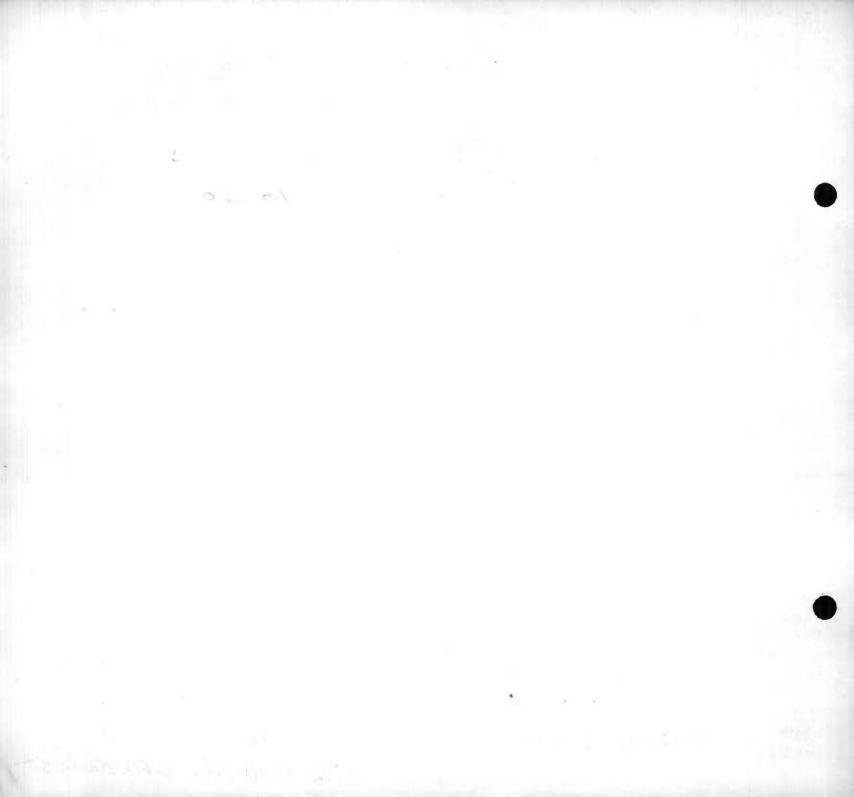


THE OF SHE HOUSE AND THE AUTHOR AND ANTIAND 3. PLACE OF DEATH IN BALTIMORE, MARTIAND A. STATE RIDDENCE (Where deceased lived it institution residence billote and the state of the state	Street C' Fal D VER MARRIED IVORCED (specily) SINESS OR INDUSTRY 11. 14. SOCIAL SECURITY NO. INCLOSURY CAUSE OF E	4. USUAL RESIDENCE (Who A. STATE B. COUT MUTCHAND B. DATE OF BIRTH 4-22-04 1. BIRTHPLACE (Stole or fore South Canol C	rere deceased lived. If in NTY reside city limits, write rurol, give location) ASICY SHO 10. AGE (In years lost birthday) ign country) AGE ORWAN ME	RURAL ond give township If Under 1 Yr. II Under 1 Doys Hours 12. CITIZEN OF
NOSTITAL OR INSTITUTION Montebello State #0 Spital C. CITY OR TOWN III Justide city limits, write RURAL and give township) Montebello State #0 Spital Distance #1 State #0 Spital STREET ADDRESS If true, give location #1 Justide city limits, write RURAL and give township) STREET ADDRESS If true, give location #1 Justide city limits, write RURAL and give township) JOA. USUAL DCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11.5 BIRTHPLACE (Sible or larging country) JOA. USUAL DCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11.5 BIRTHPLACE (Sible or larging country) JOA. USUAL DCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11.5 BIRTHPLACE (Sible or larging country) JOA. USUAL DCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11.5 BIRTHPLACE (Sible or larging country) JOA. WORLD AND COUNTRY COUN	VER MARRIED IVORCED (specify) SINESS OR INDUSTRY 11. 14. SOCIAL SECURITY NO. MEROUM CAUSE OF E	C. CITY OR TOWN (If ou DOWNSTAND) D. STREET ADDRESS (IF 3610 EVE) 3. DATE OF BIRTH 4-22-04 1. BIRTHPLACE (Stole or love South Canor 4. MOTHER'S MAIDEN NA MG124 L 7. INFORMANT	rurol, give location) RS/RY SM 9. AGE (In years lost birthday) ign country) / MG ME ORMAN	If Under 1 Yr. II Un. Months Doys Hours
D. STREET ADDRESS III rurol, give location) 3610 EVENSIGY SHEET 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWEDD DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 110. BIRTHPLACE (Stole or foreign country) 111. BIRTHPLACE (Stole or foreign country) 112. CITIZEN OF WHAT COUNTRY? 113. FATHERS NAME 14. MOTHER'S MAIDEN NAME 15. Was Decoased Ever in U. S. Armed Forces? 15. Was Decoased Ever in U. S. Armed Forces? 15. Was Decoased Ever in U. S. Armed Forces? 15. Was Decoased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meem deed of dying, e.g., heart foliuse, ashenic, etc. If means the disease, injury or complication which caused death). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving use in the dobave cause (A) stoling the UNDERTING CONDITION CAUSING IT. 10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT COUNTION CAUSING IT. 12 DISEASE OR CONDITION CAUSING IT. 13 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID Mark, foreign, forcing, street effice bldg, INJURY OCCUR? 19 DEATH MONTH CAUSE CONDITION COURSE INDUSTRY OCCUR? 10 DEATH MONTH CAUSE OF DEATH? 11 Bollimage City, give exact location while (A) While Mat Work	SOCIAL SECURITY NO.	D. STREET ADDRESS 3610 EVE B. DATE OF BIRTH 4-22-04 1. BIRTHPLACE (Stole or fore SOUTH CANON 4. MOTHER'S MAIDEN NA MG124 7. INFORMANT	rurol, give location) MS/CY SHO 9. AGE (In years lost birthday) ign country) / MG ME ORMAN	If Under 1 Yr. II Un Months: Doys Hours
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(APPROX) While At Work At Work	URY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
				,
that (1) (we) lost saw the deceased alive an February 13 1966 and that In(my) (aur) opinion death occurred or	e) (did) (did not) view	ew the body after death.		23B, DATE SIGNED
ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED	Zacom.D. Attendi	ding Med.	Stoff Phy s.	
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED	230			pito
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Clear J. Frelizario M.D. Attending Med. Director Phys. 23B. DATE SIGNED	111		011	ity, towns or county)
ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Clsas J. Fellraciom, D. Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Cosan J. Pellerano M.D. Montebollo Stale (Farjet D) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, towar or county) REMOVAL'Specify)	EGISTRAR			61W Barr
22. I certify that (1) (this hospital) attended the d		CH OPERATION ACE OF INJURY (e.g., in orm, factory, street, olfi IURY OCCURRED At Work Acceased from Checased from Checas	Diabote's Mellitus Rheused CH OPERATION ACE OF INJURY (e.g., in ar obout 21 C. WHERE DID orm, foctory, street, office bldg., INJURY OCCUR? JURY OCCURRED At Work At Work Dieceased from Ebnuary (3 19 66 and the body after death. Phys. Director Dir	Diabotas Mellitus Rhaussalia Kent di CH OPERATION 20A. AUTOPSY? (Yes or No) ACE OF INJURY (e.g., in or obout 21C. WHERE DID orm, factory, street, office bldg., INJURY OCCUR? JURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While At Work At Work Cecased from February 10 1966 to February 13 1966 and that In(my) (aur) op 10 (did) (did not) view the body after death. 22D. Address Altending Phys. 23D. ADDRESS ALO M.D. Attending Phys. 23D. ADDRESS ALO M.D. Walterboro Walterboro

IMPORTANT

DIRECTOR:

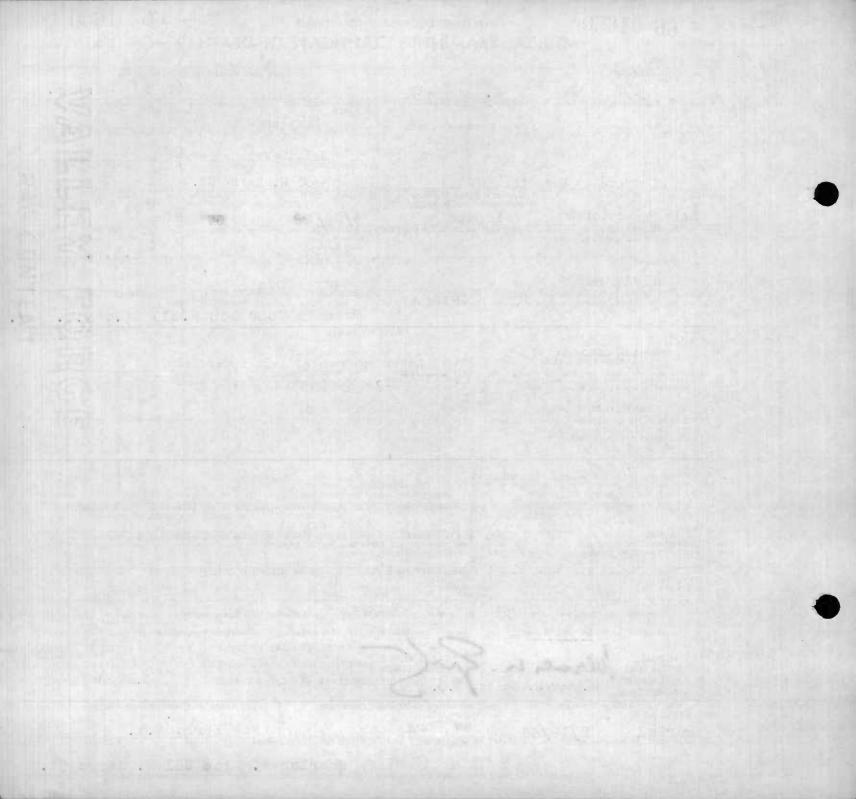
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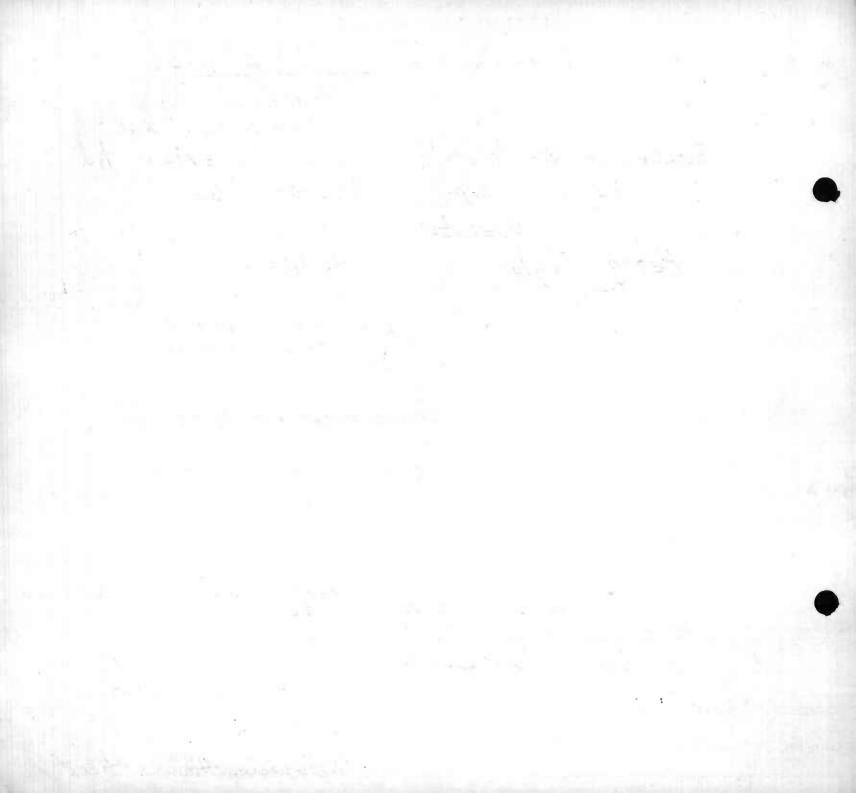


66 ()166() BALTIMORE CITY HEALTH DEPARTMENT ALEDICAL EXAMINED'S CERTIFICATE OF DEATH R

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BIRTH NO.	MED	ICAL EX	AMINER 5 CI	EKIIF	CATE OF L	EATH Registere	d No	
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S. PLACE IN BALL	IMORE MARIEAND, W	HERE PRONOC	INCED DEAD	A. STAT		deceosed lived. If institu B. COUN	TY Teste	ence before domission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY	Maryland OR TOWN (If outside	corparate limits, write R	RURAL on	d give township)
7					Baltimore	000	10	- The state of the
				D. SIKEE	T ADDRESS (If rurol,			
Un 5. SEX	iversity Hosp		NEVER MARRIED	8. DATE	655 W. Ba	9. AGE (In years	If Hadas	1 Yr. If Under 24 Hrs.
. 328			DIVORCED (specify)			lost birthday	Months	Doys Hours Min.
male	colored		owed		25/98	67	1	
	vorking life, even if retired)	KIUK KIND OF	BUSINESS OR INDUSTRY	II. BIRIM	PLACE (State or foreign	n country)	12. CITIZE WHA1	COUNTRY?
				Sc	outh Carol	ina	U.S	.A.
3. FATHER'S NAM				14. MOTE	ER'S MAIDEN NAME			
	vin Boyd			Me	ry Jones			
	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFOR	MANT		ADDRESS	
				Fra	nkie June	238 W.111	St.	. H.Y. N.
18. 11	13 V		CAUSE	OF DEA				INTERVAL BETWEEN ONSET AND DEATH
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(This does a	LEADING TO DEATH				onia, left			
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infory at car	apricular which coused	deam./						
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TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T						
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Ö	WAS PER			207.00		IN CERTIFYING CAUSES		
21A. EXTERNA	L CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in or obaut		If in Baltimore City, give	exoct loc	cation)
UTING CAU		home etc.	, farm, factory, street, a	ffice bldg.	INJURY OCCUR?			
21 D TIME OF INJURY	(Month) (Doy) (Year	r) (Haur) 2	1E. INJURY OCCURRED		21 F. HOW DID INJU	RY OCCUR?		
(APPROX.)			VHILE AT NOT V	WHILE				
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ACTUAL		- 12	Zw ("is	ASSIST	ANT MEDICAL EX	AMINER &		DATE SIGNED
SIGNAT		U. Spit			ATE MEDICAL EX		2/12/	/65
NAME (.) b - /		C. NAME OF CEMETERY O	CREMAT	ORY 23D. LO	OCATION (City, to	own, or co	ounty) (State)
REMOVAL (Specify								The Balling
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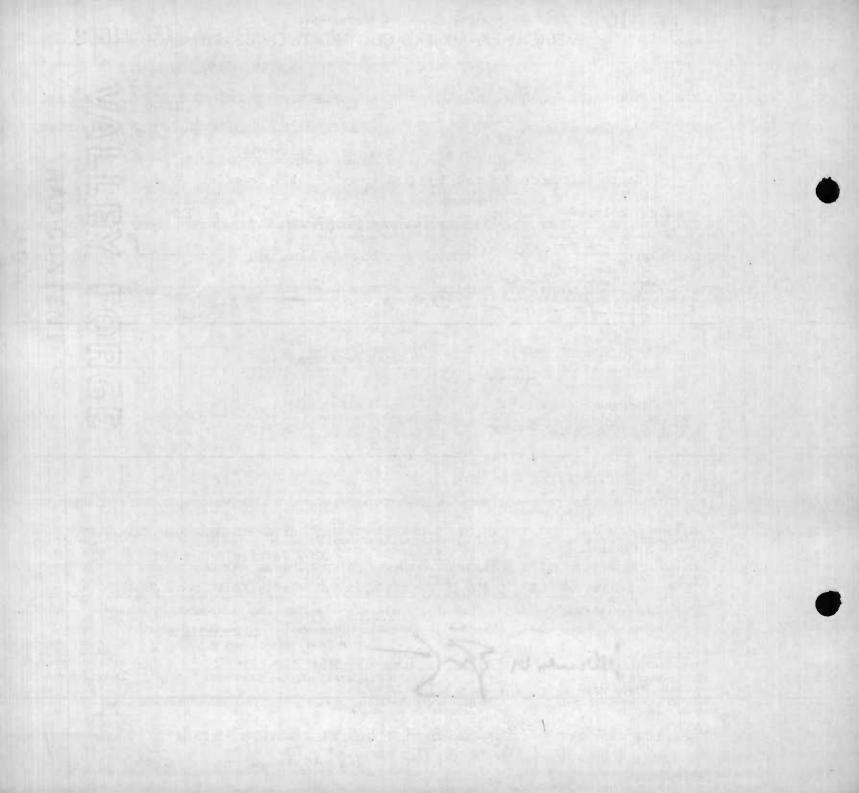




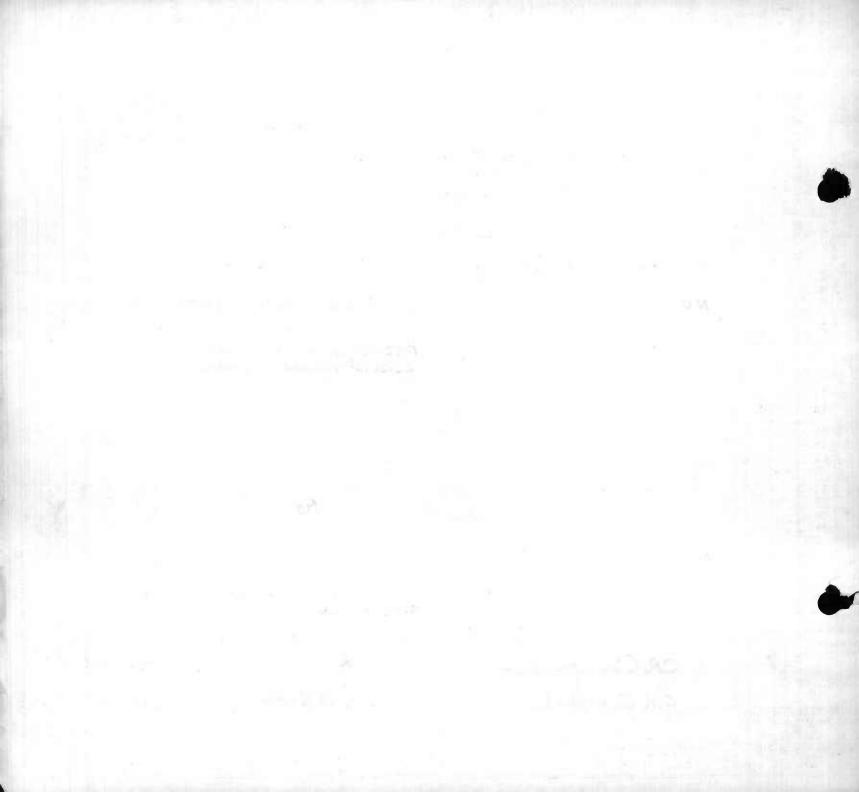
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BIRTH NO. MEDI	CAL EXAMINER'S C	ERTIFICATE OF DEATH Registre	ered No. 100
M.E. CASE NO.	and in a new with the or one to the wife		
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCE	CED DEAD
Elizal	oeth Keller	2/3/6	3:15 р.м.
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived. If ins A. STATE	titution: residence before admission
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland	ONT
HOSPITAL OR ADDRESS OR LOCA	(TON)	C. CITY OR TOWN (If outside corporate limits, write	e RURAL and give township)
INSTITUTION		Baltimore	-M6
2	Marie Control	D. STREET ADDRESS (If rurol, give location)	200
South Baltimo	ore General Hospital	3207 Fairfield Ave	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH : 19. AGE (In years	If Under 1 Yr. If Under 24 Hrs
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done during most of working life even if retired	THE WIND OF BUSINESS OF INDUSTR	YIII. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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3. FATHER'S NAME	Janely .	14. MOTHER'S MAIDEN NAME	
Lea M.		Dover Paides	
5. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown) (If yes, give wor or dote	FORCES? 16. SOCIAL s of service) SECURITY NO.	17. INFORMANT	ADDRESS
Wes, no or onknown, in yes, give wor or dote	S of servicer SECORITE NO.	for not	. 80
118.)	seller wy so	WA Clivens
27029	CAUSI	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	1 1 4	
LEADING TO DEATH (This does not meen the mode of	(A) D C C C C C C	al hematoma	
heart failure, asthenia, etc. It means injury or complication which caused	the disease,		A STATE OF BUILDING
ANTECENDENT CAUSE	(B)		
DISEASES OR CONDITIONS, IF A	NY, GIVING DUE TO		
UNDERLYING CONDITION LAST.	(6)		
6	(C)		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		THE STATE OF
TO THE DEATH BUT NOT REL	ATED TO THE	***	
DISEASE OR CONDITION CAUSING	DITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FI	NIDINGS CONCIDENT
WAS PER		IN CERTIFYING CAU	
₹ 21 A, EXTERNAL CAUSE WAS	DIR RIACE OF INITION	yes yes	
	home, form, foctory, street,	in or about 21C. WHERE DID (If in Boltimore City, goffice bldg., INJURY OCCUR?	ive exect location)
UNDERLYING TO CONTRIB-	etc.) home?	3207 Fairfield Ave.	25-06
21D TIME (Month) (Doy) (Year	(Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?	
(APPROX.) 1 31 66	? WHILE AT NOT	while allegedly fell from h	ped
22.			
1 certify that I held an Ir	nquiry Inspection Au	tapsy 🔀 and that on this basis, death in r	my apinian
resulted fram: Natural cau	uses Accident Suicid	e Homicide Undetermined monn	er 🗵
T	7- /	CHIEF MEDICAL EXAMINER	DESCRIPTION OF THE PARTY OF THE
ACTUAL 1000	11.7/201	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S	M.D	ASSOCIATE MEDICAL EXAMINER	2/4/66
NAME (T.)	I Spitz M.D.	ASSOCIATE MEDICAL EXAMINER	2/4/00
23A. BURIAL CREMATION, 238. DATE	J. Spitz, M.D.	CREMATORY 23D. LOCATION (City	, town, or county) (State)
REMOVAL (Specify)	10:10:1		0
Burial J-14	-66 Kellion AC	anula at South (i	moluri
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
FEB 15 1966 (2)	TATION OF O	1 to 10 10 1 1	H. O. O.
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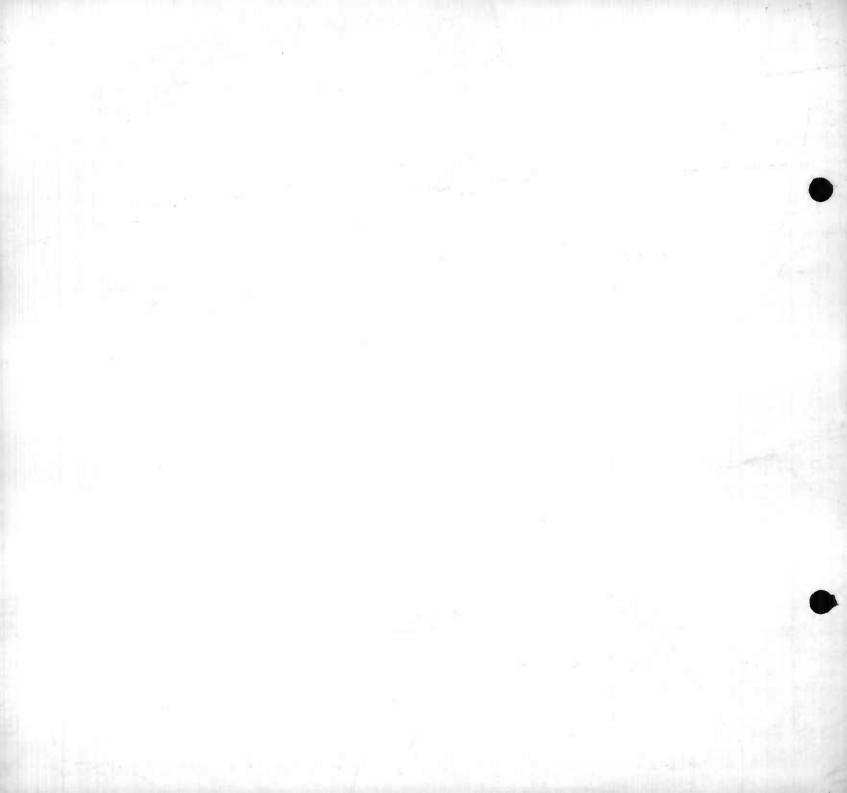


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					4	B. COU	YTY	If institution: residen	00 001010
			or institution, give	e street	Ma			LOU	E .
	OSPITAL OR odde	ress or location)		C. CITY OR	TOWN (If or	itside city limits, w	rite RURAL and give	township)
	white the	274 12 2 P. 194	1. All -		120	timer	e	on a major major magazon	
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00	ir-Wil-Da	Conva	lescent	-tome	927	Medor	Jugh J	-	
5. SE)	6. RACE		7. MARRIED, N	EVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months: Days	If Unde
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12 5	Houselufe		,,,		(POC (4	o ma	ryland	USA	
13. PA	ATHER'S NAME				4. MOTHER	S MAIDEN NA	WE !		
W	illiam	Harr	15		Fran	wes F	drown		
5. W	as Deceased Ever in U. no or unknown) (If yes, giv	S. Armed Ford	es?	6. SOCIAL SECURITY NO.	17. INFORMA			ADD	RESS
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	ANTECEDE	ENT CAUSES		(B)	## ###################################				.,
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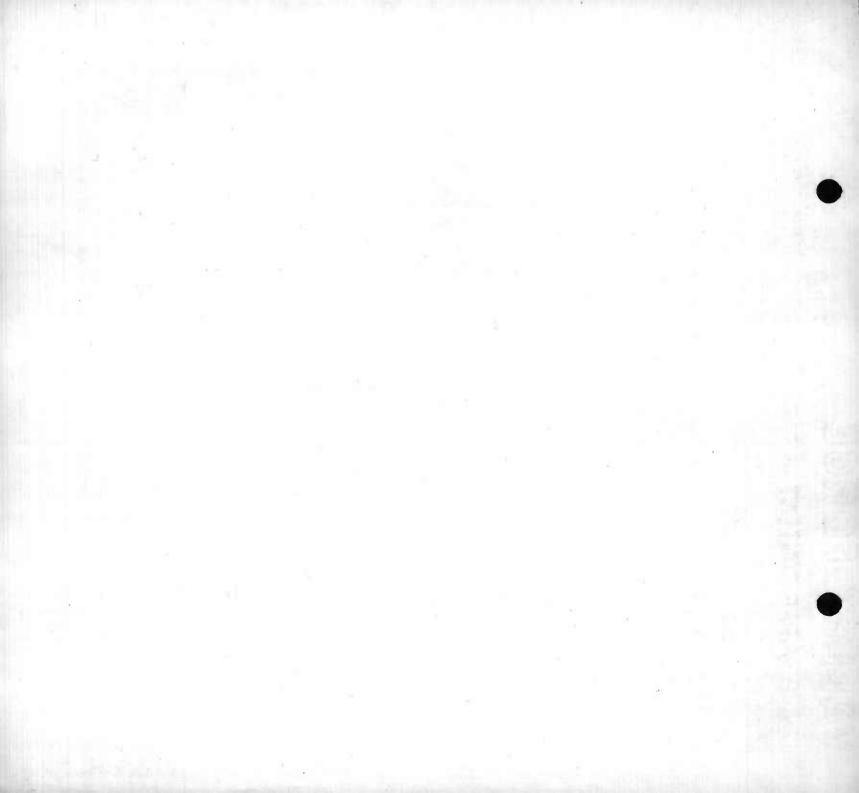
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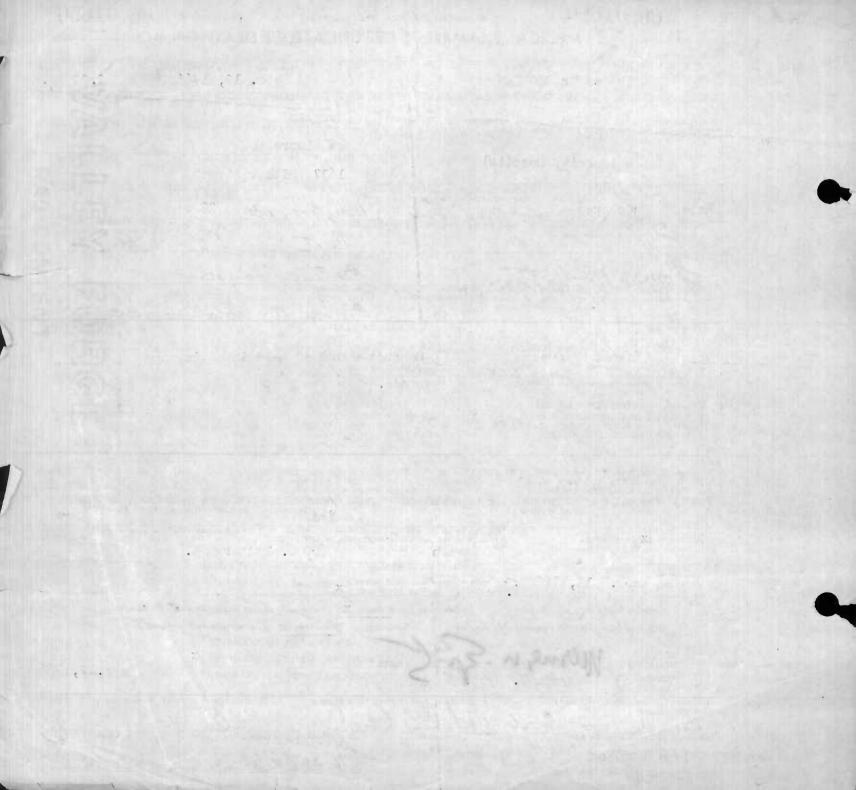
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0	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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BIRTH NO.	1116655 CERTIFICA	ATE OF DEATH	Registered No	66.01665
M.E. CASE NO. 1. NAME OF DECEASED			AND HOUR OF DEATH	104
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PLACE OF DEATH IN BALTIMORE, N	MARIAND	THE HIGHAI BESIDENCE (M	here deceased lived If inc.	titutiant residence befare admiss
TEACE OF BEATH IN BALLIMONS, I	The same of the sa	A. STATE B. CO	UNIT	mondiff residence pendie damiss
FULL NAME OF (II not in hospit	ol or institution, give street	In avytas	al III	778
HOSPITAL OR address or local		C. CITY OR TOWN (IF	outside city limits, write Rt	JRAL and give township)
	- Herrital	Baltin	الم	
10 Lugraca	- 10-15p. / a/	D. STREET ADDRESS	(If rural, give location)	1.
		779- E	dgewood	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
Fe N/1.	WIDOWED, DIVORCED (specify)	i-lu-lan	last birthdoy	Months Doys Hours Mi
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3. FATHERS NAME		14. MOTHER'S MAIDEN N	NAME (and	1000
00/1		P1 11		
John Me	lelson	Stamuel	similate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5. Was Deceased Ever in U. S. Armed I es, no prunknawn) (If yes, give war ar d	farces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	, no.	ADDRESS
Mknown		Botte fella	sandan 3	Sexus -
1B. 14 (/ 5 VIV	CAUSE	OF DEATH	warren 3	INTERVAL BETWEEN
1475X FX		or beam		ONSET AND DEATH
DISEASE OR CONDITION I	H	Le 10 1	-	
(This does not mean the made	of dying, e.g., DIF TO	cute Pulson	any trains	
heort failure, asthenia, etc. It mea	ns the disease,		/	
injury or complication which cous	ed death.)	ATCVD.		
ANTECEDENT CAUS	E\$ (B)			
DISEASES OR CONDITIONS, if	f any, giving			
rise to the above cause (A	A) stating the (C)	************************************	, aao aa	
UNDERLYING CONDITION iast.				
Z II				
OTHER SIGNIFICANT CONDITIONS	ELATED TO THE	ter mellita	. C.	
DISEASE OR CONDITION CAUSING				
	ONDITION FOR WHICH OPERATION ERFORMED	ZUA. AUTOPSY? (Yes or	No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in at about 21C. WHERE DID affice bldg., INJURY OCCUR!	(If in Baltimare	City, give exact location)
DEATH (natify medical examiner)	etc.)			
21 D. TIME (Manth) (Day) (Yea	Hour 21E INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
OF INJURY	While At Not Wh			
(APPROX.)	Work At Wor	k 📙		20.72
22. I certify that (I) (this hospit	ottended the deceased from	February 9	19 66 to Fet	- way 11 1961
	sed olive on February			
The decea		and and		on death occorred on the
	tated obove. (1) (We) (did) (did nat)	view the body after deot		
23A. SIGNATURE	11			23 B. DATE SIGNED
Yestert C.B	Cache M.D. A	tending Med. Director	Staff Phys.	2/11/11
23C. PHYSICIAN'S		23D. ADDRESS		/47
NAME (Type)	Blacking M.D	Lutheran	14.	
			- 1105/	
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D	LOCATION (City	, town or county) (Sta
Burne & DIT	-66 mt (1abres.	(hell	Pro the man	X
SA, DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	250 FUNERAL DIRECT	OR CO IVE	ADDRESS
FEB 15 1966 Q.D.	L 09.200. 60 0	06/16/12	5/ 10	with the
	all C. Vansaira	- Cay UII	11000100	Oh Marie left
'S 150-REV. 1/1/65		- 1		



16 -	BIKII
1 3/12	M.E.
1 07	1. N

BIRT	H NO.	MEDI	CAL EX	CAMINER'S CI	ERTIFIC	ATE OF D	EATH Register	red Na
	CASE NO.							
1. N (Typ	IAME OF DEC	Thomas Me GI	OTTEN				12, 1966	2:30 A. M.
3. PI	LACE IN BALTI	MORE MARYLAND, WI	HERE PRONOL	INCED DEAD	4. USUAL	RESIDENCE (Where de	ceased lived. If insti	tutian: residence before admission)
HO!	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	ITION, GIVE STREET	C. CITY OF	ryland		RURAL and give township)
		University H	losnital			ADDRESS (If rurol, gi	ve location)	2
		OMETOLETO'S I	10000		16	37 Miller	Street	
5. SI	EX	6. RACE		NEVER MARRIED	B. DATE OF		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.
Ma	ale	Colored	WIDO WED,	DIVORCED (specify)	mu:	9-1943	22	I TOURS TOUYS TROOTS TOURS
		PATION (Give kind of work varking life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPC	ACE (State or foreign	mol	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAM	E			14. MOTHER	S MAIDEN NAME	1.0	
	home	no me of	This		Ber	Tina He	uson	
		DEVER IN U.S. ARMED		16. SO CIAL	17. INFORM	ANT		ADDRESS
(Tes,	, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	Bar	lac mc	robellere	Same
	18. = 9	81 Xi		CAUSE	OF DEATH	()		ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY	01	A			
	(This does n	LEADING TO DEATH of meon the mode of	dying, e.g.,	XXXXXX	t woun	d of head i	nvolving t	ne
	heart failure, injury ar con	ot meen the mode of asthenio, etc. It meens application which caused of	the disease. leath.)	brain.				
	A	NTECENDENT CAUSE	c					
		OR CONDITIONS, IF A		(B)			***********************	**************************************
	RISE TO THE	E ABOVE CAUSE (A) ST						
Z				(C)				
CATION		II NIFICANT CONDITIONS DEATH BUT NOT REI						
THE	DISEASE OF	R CONDITION CAUSING	IT.					
CERTIFI	19A, DATE OF	OPERATION 198. CON		WHICH OPERATION			CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
V	21 A. EXTERNAL	OR CONTRIB-	21 B. hame	PLACE OF INJURY (e.g., farm, foctory, street, a	in ar about 2 iffice bldg., IN	C. WHERE DID (IF	in Boltimore City, giv	ve exoct location)
0	UTING CAU		etc.)			600 W. Hamb	urg St.	
	21D TIME OF INJURY	(Manth) (Doy) (Year	(Haur) 2	1E. INJURY OCCURRED	21	F. HOW DID INJUR	Y OCCUR?	
	(APPROX.) F	ebr. 11,1966	9:30 V	VHILE AT NOT	WHILE ORK	Shot		
	22.	ify that I held an I			apsy X	and that on this	basis, death in m	ov apinlan
		ted fram: Natural car		Accident Suicid			determined manne	
	16301	led Iram. Ivaloral car	,363	Jordan	-	F MEDICAL EXA		
	ACTUAL		2 10	5/5/		T MEDICAL EXA		DATE SIGNED
	SIGNAT	U V	7 1 -	V -		TE MEDICAL EXA		Febr. 12, 1966
	EXAMIN NAME (U. Spi	Ltz –	ASSOCIA	E MEDICAL EXA	TMINER	
	BURIAL CREA		23	C. NAME of CEMETERY of	CREMATO	23 D. LO	CATION (City,	tawn, or caunty) (Stote)
244	DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	240 5	JNERAL DIRECTOR	uco 184	ADDRESS
ZAA		5 1966 Q. L.	1 0	B =	200	As (ASI) A.	1	0 - 10 1
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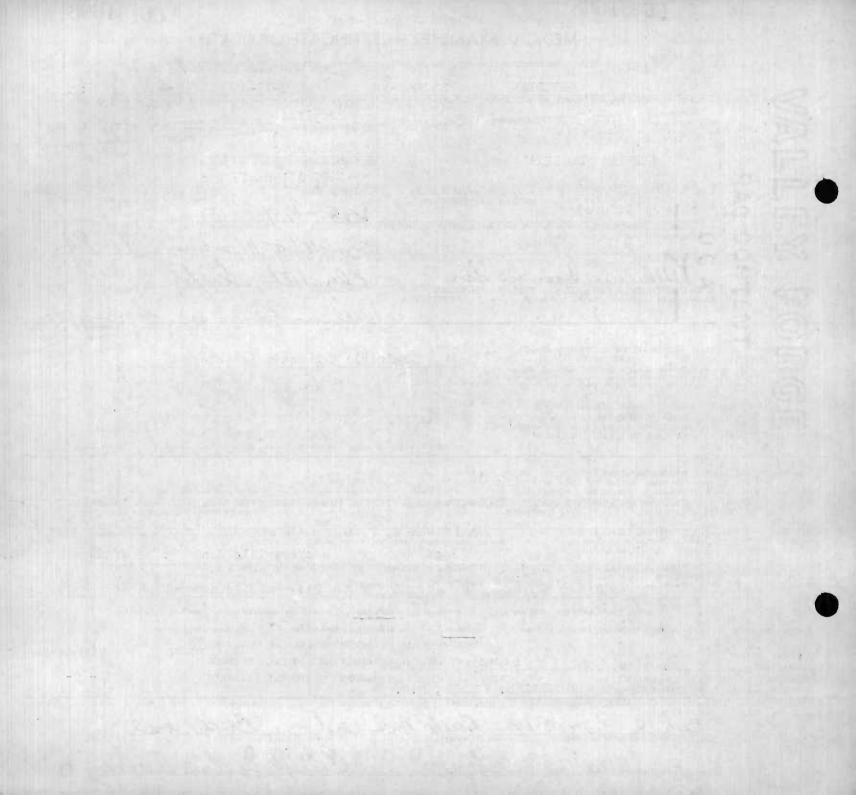
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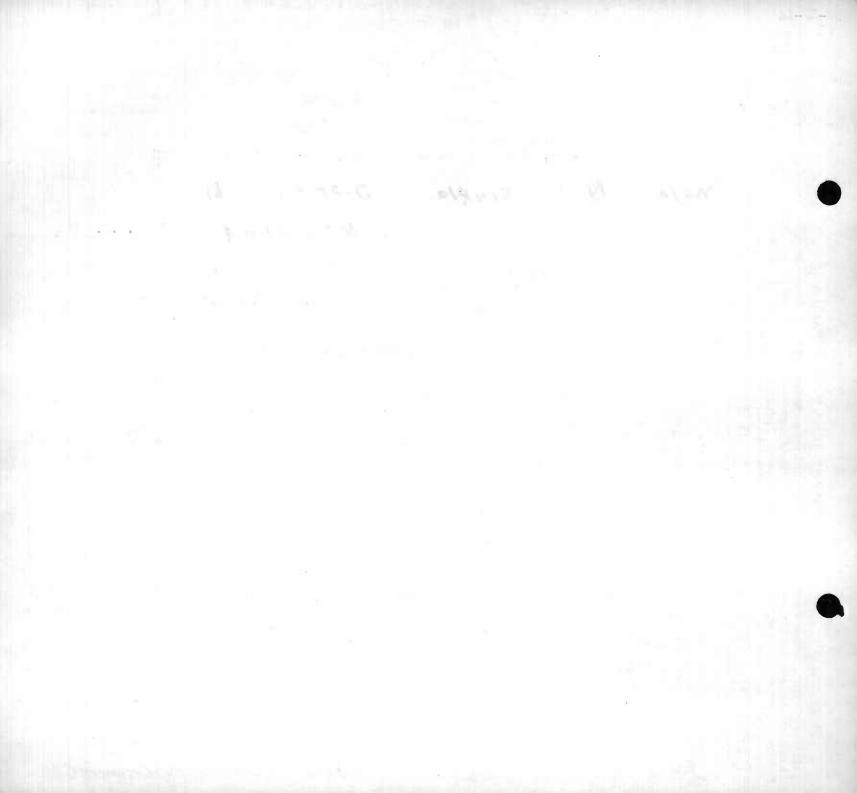
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V\$ 150-REV. 1/1/65

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	00	~	2 4	BALTIMORE CITY	HEAL	TH DEPARTMENT	T		00	10000
BIR	TH NO.	MED	ICAL EX	(AMINER'S	C	ERTIFICAT	E OF D	EATH Registe	ered No	
M.	E. CASE NO.				./					
1.	NAME OF DEC	CEASED			1		2. DATE AND	HOUR PRONOUNG	ED DEAD	
(I y	pe of think	WIL	LIAM	SPENCER	21	3	2-14-6	6		6:25 A M.
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO		1	4. USUAL RESIDE			titution: resi	dence before odmission)
ELL	LL NAME OF	(IE NOT IN HOSPIT	AL OR INICTIT	JTION, GIVE STREET		Maryla				X
HC	SPITAL OR	ADDRESS OR LOCA	ATION)	SHOW, GIVE SIKEET		C. CITY OR TOW	'N (If outside	corporate limits, writ	e RURAL o	nd give township)
1					100	Baltin	nore	15		5
0	LU	THERAN HOSPI'	TAL			D. STREET ADDRE	ESS (If rurol, gi	ve location)		
9.						2407 A	111enda1	e Road		
5. 5	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)		8. DATE OF BIRTH		9. AGE (In years	If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
	Male	Colorad	WIDO WED,	or vok cab (specify)		Delio -	1951	14	1410111113	Doy's Hoors Ivin.
		UPATION (Give kind of wor	k TOB. KIND O	F BUSINESS OR IND	JSTRY	IN BURTHPLACE (S	state or foreign		12. CITIZI	
don	e during most of	working life, even if retired)	354			20. 1.11	1.4- hi	· D	WHA	T COUNTRY?
13.	FATHER'S NAM	A E				14. MOTHER'S MA	NIDEN NAME	moure	11	5/1
1	1,1100.	m. 1		lea		On 1	1+1	fa		
15.	WAS DECEASE	D EVER IN U.S. ARMED	CONCESS	116. SO CIAL		17. INFORMANT	ell- o	scujar	ADDRESS	
		(If yes, give wor or dote		SECURITY NO.)	0		1	
		no			١.,	Vellion	a Same	eer de.	Ser	un
	1B.	9.2.4		CA	AU SE	OF DEATH	0			INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY						W 350	ONSET AND DEATH
	and the same	LEADING TO DEATH		(A)M	u1t	iple traum	natic in	juries		
	(This does in heart foilure,	not meon the mode of , osthenio, etc. It meons mplication which caused	dying, e.g., the diseose,	DUE TO						
	tulnih ot cor	mplication which caused	deoth.)							
	A	NTECENDENT CAUSE	S							
		OR CONDITIONS, IF A		DUE TO				***********		
		E ABOVE CAUSE (A) S	TAIING THE							
Z				(C)				•••••••••		
Ĕ		11								
S		NIFICANT CONDITIONS DEATH BUT NOT RE								
TIF		R CONDITION CAUSING			•••••					***************************************
CERTIFICATION	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION		20A. AUTOPSY?		B. IF YES, WERE FI		
بر	- FUEFFILL					Yes		Yes		
V	UNDERLYING	L CAUSE WAS	21 B. home	PLACE OF INJURY (e.g.,	ffice bldg., INJURY	HERE DID (If	in Boltimore City, g	ive exact la	cotion)
EDIC,	UTING LCAU	SE OF DEATH.	etc.)	Road				e Road So.	of Wi	indsor Mill Ro
Σ	21D TIME	(Month) (Doy) (Yeo	r) (Hour)	TE. INJURY OCCUR	RED	21 F. HO	W DID INJUR	OCCUR?		
	(APPROX.)	2 13 '66	. 10:00	WHILE AT	TON	WHILE E Pas	reanger	in auto wh	sich et	ruck boulder
	22.			VORK L			senger	III auto wi	iten se	.ruck bourder
	I cert	tify that I held on I	nquiry	Inspection	Aut	opsy X ond	that on this	bosis, deoth in	my opinio	1
	resul	ted from: Natural co	uses	Accident X Su	icid	Homicid	le 🗌 Un	determined monn	er 🗌	
		n.	/ 0			CHIEF ME	DICAL EXA	MINER X		
4	ACTUAL		1 who	1		ASSISTANT ME	DICAL EXA	MINER		DATE SIGNED
8	SIGNAT	V .	7070		M. D.	ASSOCIATE ME		and the same of th		2-14-66
V	NAME (Type) RUSSE	ELL S. F	ISHER, M.D		ASSOCIATE ME	DICKE EXA	MITTER		2 21 00
	BURIAL CRE	MATION, 238 DATE		C. NAME OF CEMET		CREMATORY	23D. LO	CATION (City	, town, or o	county) (State)
KE/	MOVAL (Specify	2 2-10	-610	Broken	0.1	101	1	2011 2	. 0	
24	DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	u	24C. FUNERA	L DIRECTOR	rue p	rex.	DDRESS
300	DAIL NEW D	- HEAVIN DECK	PARTITION IN	- C	1	O KONEKA	A A	1	-	OUNESS.
86	FFB	1 5 1966 0 0	R. C.	The Country of the Co	4	AU	in the	Illen 1	170 B	renoter 118
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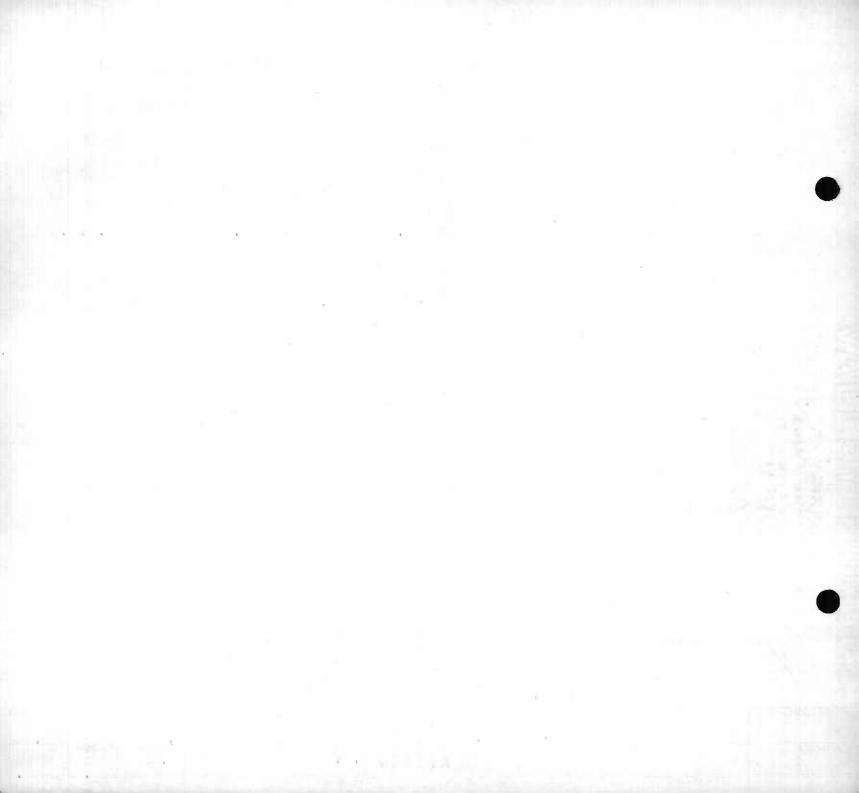




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Cause

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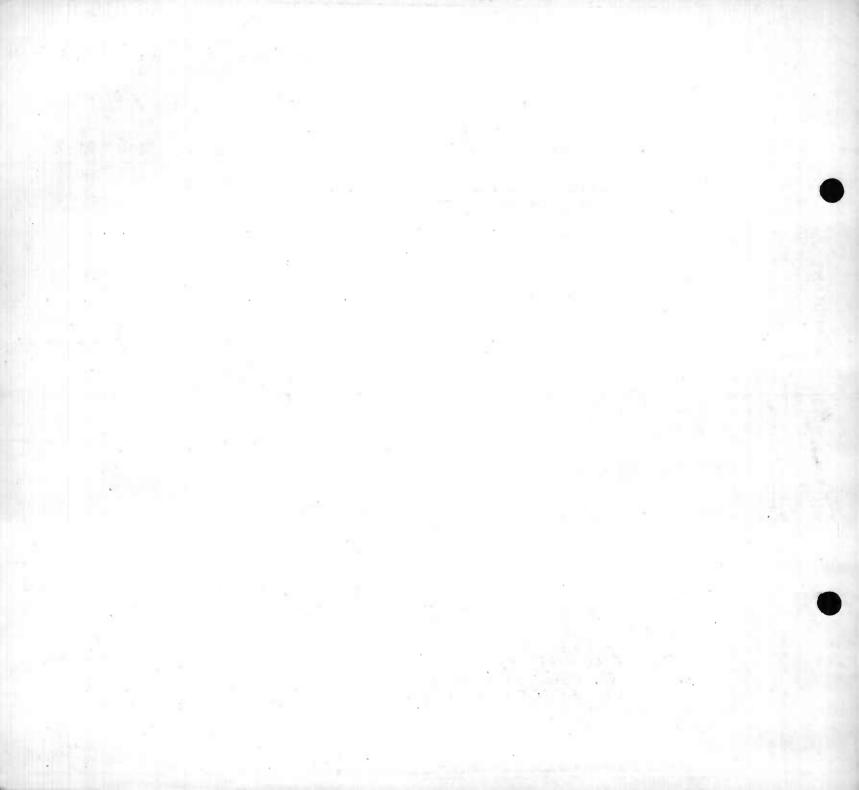


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BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register (8 No.) 1 (375)
M.E. CASE NO.
1. NAME OF DECEASED (Type or Print) SEIBLE, CM T JP. 2. DATE AND HOUR PRONOUNCED DEAD 17:45 PM, 2-12-66
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissing the state of the sta
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
UHIUERSITY IF SPITAL I DGR WATER D. STREET ADDRESS (If rurol, give locosion) RT 3 B x X 3 3 6
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Miles Months Doys Hours Miles Months Doys Months Doys Hours Miles Miles Months Doys Mon
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. F. J.
Wilhiam T. SCIBLE HANES TONGUE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no orunknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT E++++ L C B F ADDRESS H H H H H H H H H H H H
TIB. CAUSE OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATHMultiple Traumatic Injuries.
(This does not mean the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease. injury or complication which caused death.)
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg, INJURY OCCUR? etc.) Street Md.Rt. 2, Edgewater, Maryland
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Driver of auto which ran into tow chair (APPROX.) 2 5 66 while AT NOT WHILE X on two other vehicles.
I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion
resulted from Netural couses Accident X Suicide Homicide Undetermined monner
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S PAUL & GUERINASSOCIATE MEDICAL EXAMINER 2-13-6
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) DURIAL 2-16-66 EDWARDS CHAPEL AND APOLIS MD.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. PINERAL DIRECTOR ADDRESS (Lucopolis) N
VS 151-REV. 1/1/65



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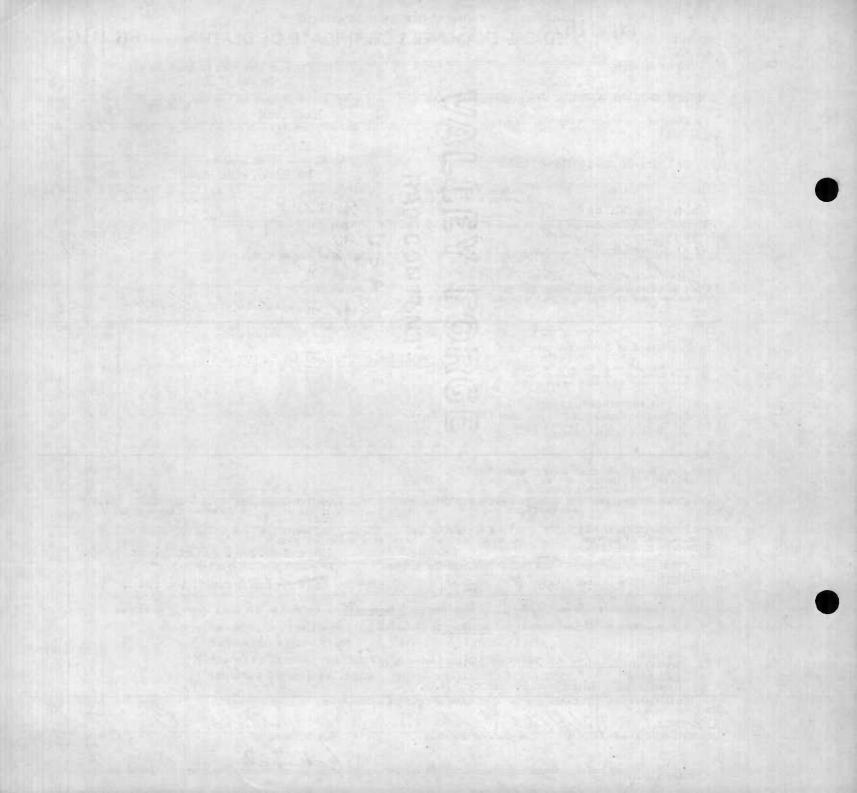
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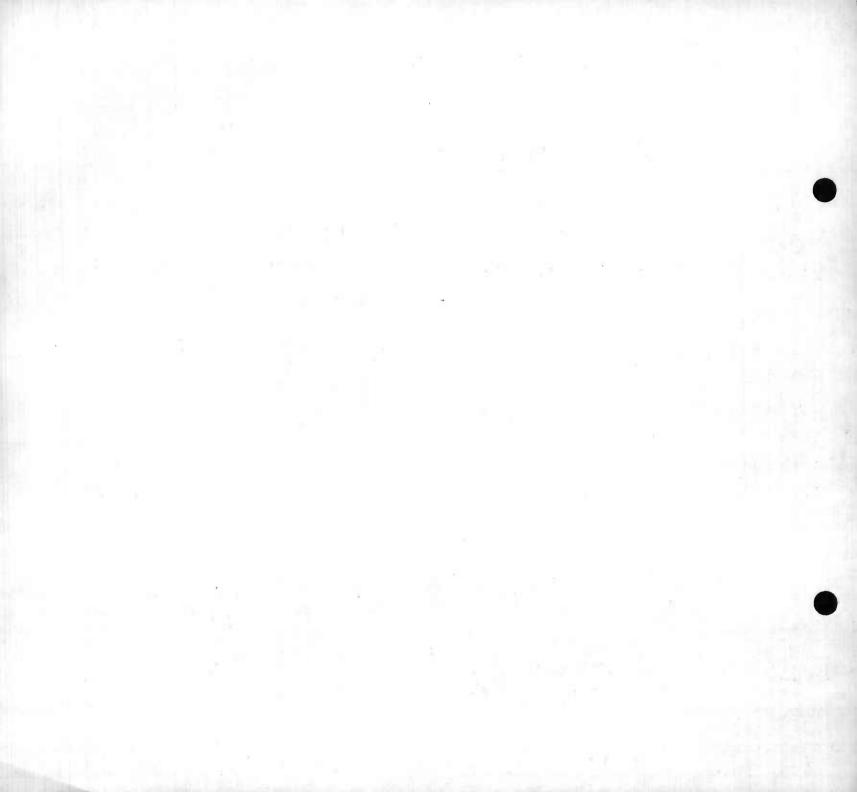
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BALTIMORE	CITY	HEALTH	DEPARTMENT

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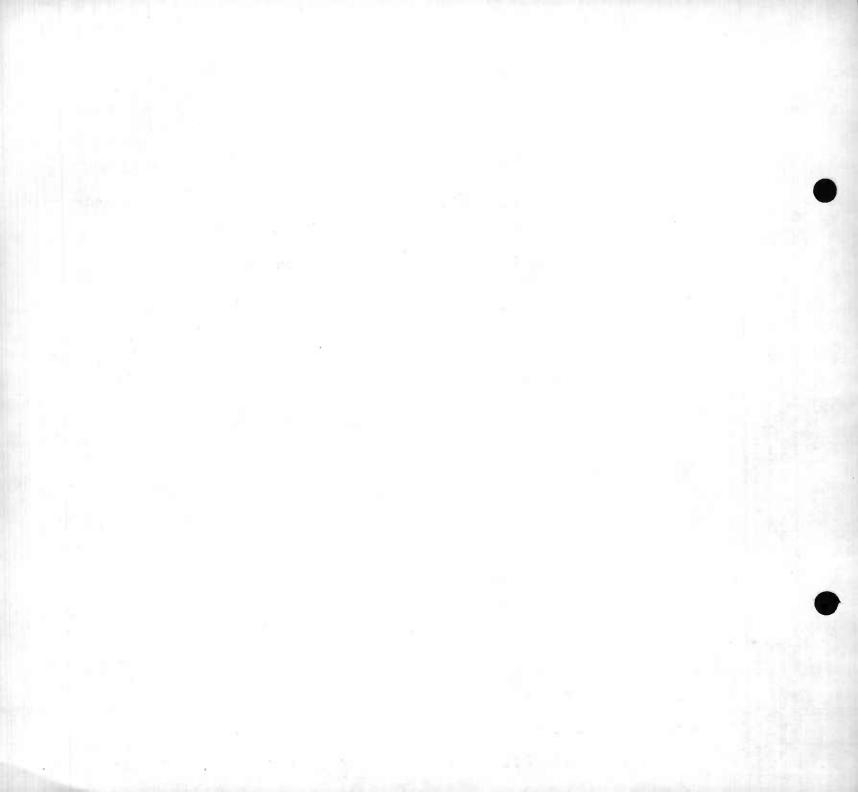
A.E. CASE NO.								
NAME OF DEC	CHARLES		HAFNER			y 11, 196		:00 A
PLACE IN BALT	IMORE, MARYLAND, WI	HERE PRONOL	JNCED DEAD	IA. SIAIL	NCE(Where dec	ceased lived. If inst B. COL	itution: residence	bafore admis
ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOW	N (If autside co	orparate limits, write	RURAL and give	re tawnship)
Baltimo	ore City Hosp	itals		D. STREET ADDR				20
				610) Riversi	de Road		
Male	White		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	08	9. AGE (In years last birthday)	If Under 1 Yr. Manths Days	If Under 24 Haurs N
	PATION (Give kind of work varking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign c		12. CITIZEN O	
FATHER'S NAM	is It It	aln	es/	14. MOTHER'S MA	AIDEN NAME		1 11.0	3.41
WAS DECEASED	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT Fred X	under.	506 Gas	ADDRESS tesn (Int. Ca
heart failure,	at mean the made of asthenia, etc. It maans	the disease,	DUE TO					
DISEASES O	nplication which caused d NTECENDENT CAUSE: DR CONDITIONS, IF AI E ABOVE CAUSE (A) ST. G CONDITION LAST.	s NY, GIVING	(B) DUE TO					
DISEASES CRISE TO THE UNDERLYIN TO THE DISEASE OR 19A. DATE OF	NTECENDENT CAUSE: DR CONDITIONS, IF AL E ABOVE CAUSE (A) ST. G CONDITION LAST. II IIIFICANT CONDITIONS (IIII) DEATH BUT NOT REL CONDITION CAUSING OPERATION [198, CONI	S NY, GIVING ATING THE CONTRIBUTIN ATED TO T IT. DITION FOR \(\)	(C)	20A. AUTOPSY?		L IF YES, WERE FIR		
DISEASES (RISE TO THE UN DERLYIN	NTECENDENT CAUSE: DR CONDITIONS, IA ST EABOVE CAUSE, IA ST EG CONDITION LAST. II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	S NY, GIVING ATING THE CONTRIBUTIN ATED TO T IT. DITION FOR \(\)	(C)	20A. AUTOPSY? Yes		L IF YES, WERE FIN CERTIFYING CAUS		
DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. DAT	NTECENDENT CAUSE: DR CONDITIONS, IF AI E ABOVE CAUSE (A) ST IG CONDITION LAST. II III IIIIIIIIIIIIIIIIIIIIIIIIII	S NY, GIVING ATING THE CONTRIBUTIN ATED TO T IT. DITION FOR V ORMED	(C)	Yes in ar about 21C. W ffice bldg., INJURY	HERE DID (If it	CERTIFYING CAUS	ses of DEATH?	Yes
OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING WITH DISEASE OR 19A. EXTERNAL UNDERLYING WITH DISEASE OR 19A. EXTE	NTECENDENT CAUSE: DR CONDITIONS, IF AI E ABOVE CAUSE (A) ST IG CONDITION LAST. II III IIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING THE CONTRIBUTING TO T T. DITION FOR V ORMED (Haud) 2 D W	C) NG HE WHICH OPERATION PLACE OF INJURY (e.g., i form, foctory, street, o Street IE. INJURY OCCURRED WHILE AT NOT N	Yes in ar about 21C, W ffice bldg, INJURY Mace	HERE DID (IF II OCCUR? AVE., N W DID INJURY	n Baltimare City, given Still	ses of DEATH? vo exact location lwater Re	Yes
DISEASES OF RISE TO THE UNDERLYING TO THE DISEASE OR DISEASE OR UNDERLYING WE UTING CAPPROX.)	NTECENDENT CAUSE: OR CONDITIONS, IF AI E ABOVE CAUSE (A) ST IG CONDITION LAST. II HIFICANT CONDITIONS CONDITION CAUSING OPERATION 198, CONING OPERATION 198, CONING CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Day) (Year) 2 10 66	CONTRIBUTINATED TO TIT. 21 B. hame, etc.) (Haut) 2 P m. W	CO NG HE WHICH OPERATION PLACE OF INJURY (e.g., i form, foctory, street, o Street TE. INJURY OCCURRED WHILE AT NOT NORK AT W	Yes in ar about 21c, w ffice bldg, INJURY Mace 21F. HO WHILE X Pede	HERE DID OF THE OCCUR? A AVE., Now DID INJURY ESTRIAN S	n Baltimare City, given of Still occur?	ses of death? vo exact location lwater Re auto.	Yes
OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING CAUSE OF INJURY (APPROX.)	NTECENDENT CAUSE: OR CONDITIONS, IF AI E ABOVE CAUSE (A) ST OF CONDITION LAST. II INTERPRETATION OF REL CONDITION CAUSING OPERATION 198, CONING OPERATION 198, CONING CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Day) (Year)	CONTRIBUTINATED TO TO TO THE CONTRIBUTION FOR	CO NG HE WHICH OPERATION PLACE OF INJURY (e.g., i form, foctory, street, o Street TE. INJURY OCCURRED WHILE AT NOT NORK AT W	Yes in ar about 21C, W ffice bldg, NJURY Mace 21F, HO WHILE X Pede	HERE DID OF TO OCCUR? A Ave., Now DID INJURY estrian s	Baltimare City, given of Stilloccur?	vo exact location 1water Re auto.	Yes
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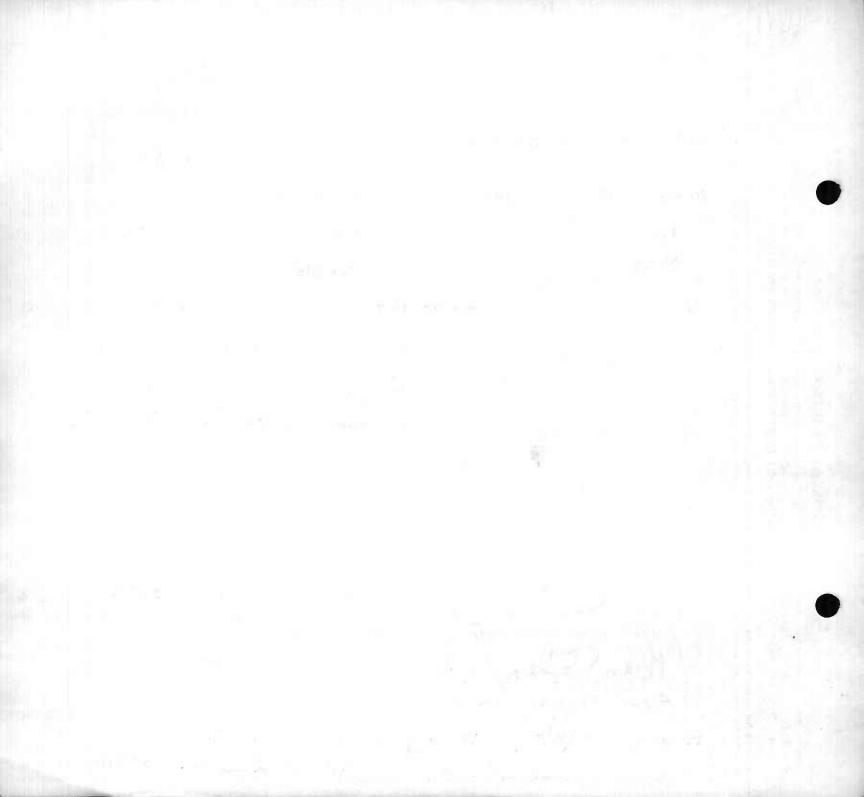


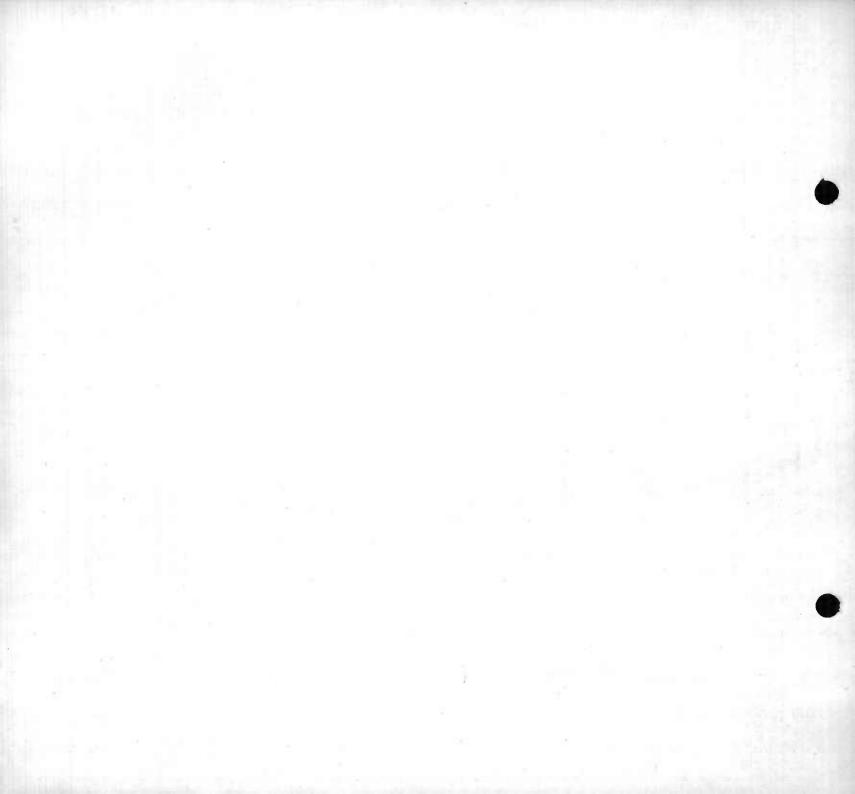


M.E. CASE NO. I.NAME OF D Type or Print)	HUGGINS, Dall	as Fran	k		uary 14, 19	
FULL NAME HOSPITAL O	DEATH IN BALTIMORE, MA	or institution, ini inistrat ren Boul	give street . ion Hospital evard	Maryland Bac. CITY OF TOWN (III) Baltimore	Itimore outside city limits, write	e RURAL and give township)
Male	6. RACE Caucasian		NEVER MARRIED D, DIVORCED (specify) ed.	8-29-11	9. AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min,
oh. USUAL OC done during most Brick	of working life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
3. FATHER'S N				Genie Turner		
5. Was Deceas Yes, no or unkno Yes	ed Ever in U. S. Armed Fo wn) (If yes, give wor or date 2-3-45 to 3	es of service)	16. SOCIAL SECURITY NO. 238-14-3873	V. A. Hospital	ds , Baltimore	ADDRESS
h 1 / 11	nat mean the made of	dying, e.g.,	DUE TO			//
DISEASES rise ta UNDERLYI	e, asthenia, etc. II means amplication which causes ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last.	s the disease, d death.) any, giving stating the	(B)			
DISEASES rise ta UNDERLYI	e, ashenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last. II STATE ON THE CONDITION S (CONDITION S (CONDITION S (CONDITION S (CONDITION CAUSING))	any, giving stating the CONTRIBUTINATED TO THE TOTAL T	(B)		No) 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
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OTHER SIGNAL OF INJURY (APPROX.) 23C. PHYSIC NAME	e, ashenia, etc. II means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last. II SINIFICANT CONDITIONS OF OPERATION 1988. CONDITION CAUSING OF OPERATION 1988. CONDITION CAUSING OF OPERATION (Month) (Doy) (Year) (Month) (Doy) (Year) fy that (1) (this hospito the lost saw the decease and from the causes stout Ture LIAN'S (Type) D. WILLIAM REMATION 1248. DATE	any, giving stating the CONTRIBUTIN ATED TO THIT. ADDITION FOR FORMED (Hour) 21E Whom teles. (Hour) 21E whom teles. (Hour) 21E Contributed the dalive on	(B) DUE TO (C) G IE WHICH OPERATION A PLACE OF INJURY (e.g., i re, form, foctory, street, or r	20A. AUTOPSY? (Yes or Yes n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID II Pember 29 19 66 ond riew the body after death s. Med. Director 23D. ADDRESS VA Hospital EMATORY 24D.	No) 208. IF YES, WERING CYES (If in Boltima NJURY OCCUR? 19 65 to Feb thot in (my) (our) of the phys. 3900 Loch Ra Baltimore, Incompany (occurs)	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct locotion) ruary 14 1966 pinian deoth occurred on the off 23B. DATE SIGNED February 15, 196 aven Boulevard

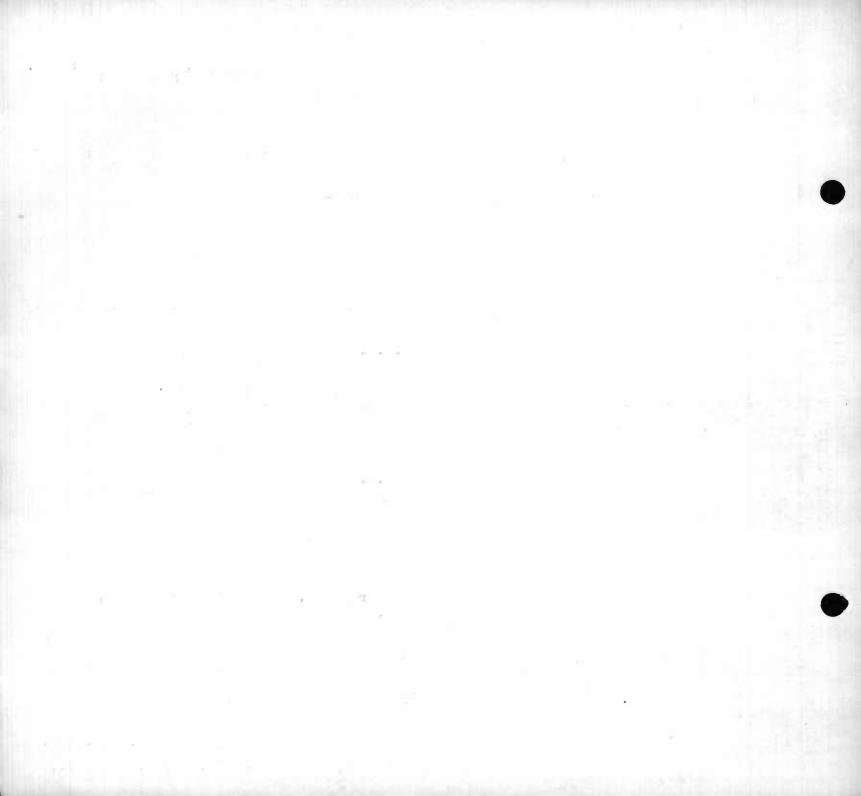
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BALTIMORE CITY HEALTH DEPARTMENT

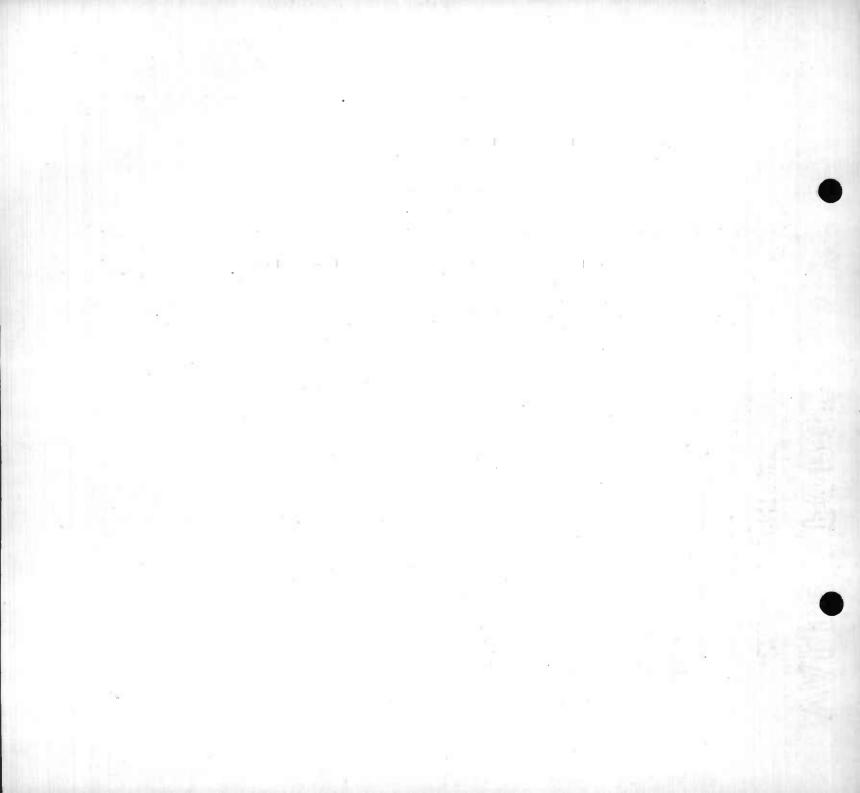


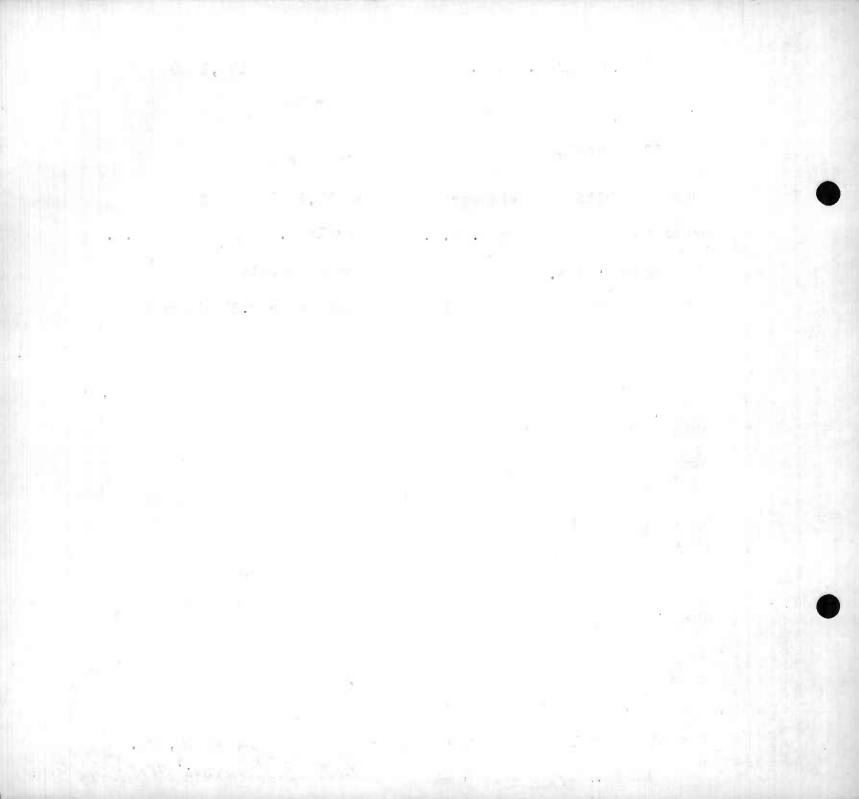
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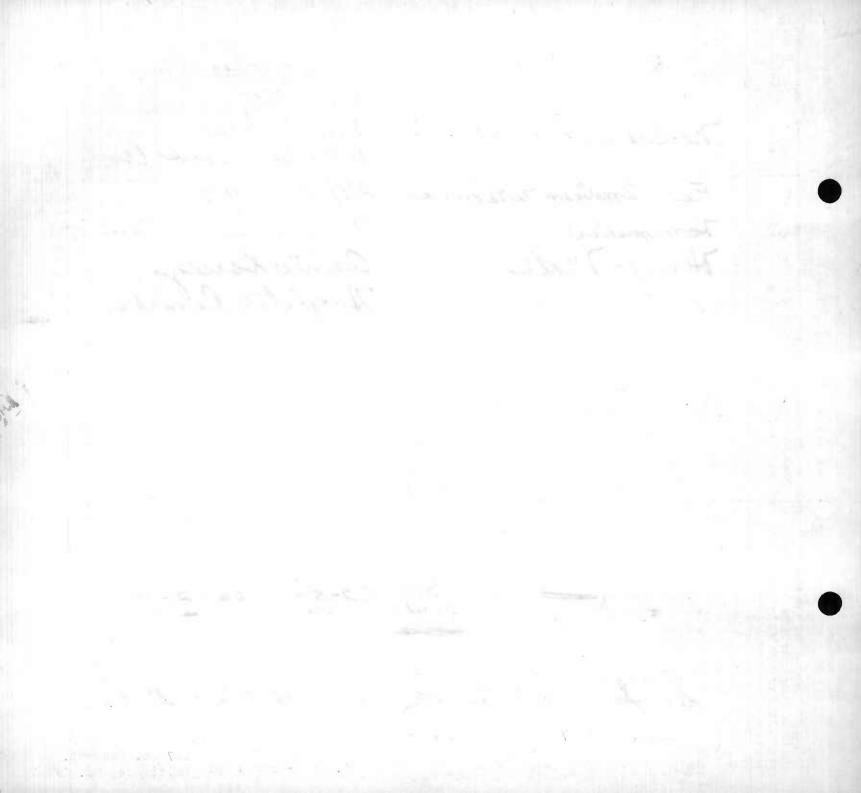
	00 010	16.16.	BALTIMORE CIT	Y HEALTH DEPA	RTMENT			
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M.E. CASE NO.	FD				2 DATE AND	HOUR OF DEATH	u	00
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PLACE OF DEATH	IN BALTIMORE, MAR	YLAND	JE11111	4. USUAL RESI	DENCE Where		institution: residence	e before odmir
				A. STATE	B. COUNTY	1	19-21	1
FULL NAME OF HOSPITAL OR	(If not in hospital a oddiess or location)	r institution, gr	ve sheet	C CITY ON TO	YLANC	L.	10	4
INSTITUTION	0			C. CITT OR TO			e RURAL ond give	10 wnship)
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Was Deceased Eve	r in U. S. Armed Force	JPEN	6. SOCIAL	17. INFORMANT	JA A	BROW	ADDI	2230
es, no or unknown! (If	yes, give wor or dotes	of service)	SECURITY NO.	IV. INFORMANT			Dis	رون ما
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	henio, etc. It meons to otion which coused to		~	04	1. 1	nit		
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OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING						
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19A. DATE OF OP	ERATION 198. COND	ITION FOR W	HICH OPERATION	20A. AUTOPS	Y? (Yes or Not 2	OB. IF YES, WERE	FINDINGS CONS	DERED
0	WAS PERFO	DRMED			·	N CERTIFYING C.	AUSES OF DEATH	?
21A. ACCIDENT	WAS UNDERLYING	21 B. P	LACE OF INJURY le.g.,	in or obout 21 C. W	HERE DID	(If in Baltime	ore City, give exoc	t locotion)
DEATH (notify me		home,	form, foctory, street,	office bldg., INJURY	OCCUR?			
OF INJURY	onth! (Doy! (Year!		NJURY OCCURRED		OM DID INJUR	r OCCUR?		
(APPROX)		While	At Not Wh					
22 1 416 41-	. (1) (al. 1 1)			Wall	// 10		Jan	31
22. I certify tho	t (1) (this hospital)	attended the	Leavent from	17 6		6 10	1	19.0.
that (I) (we) las	it saw the deceased	alive an	7	13 19 6 0	and that	In(my) (aur) ap	pinian death acc	urred on the
and hour and fre	om the causes state	ed above. (I)	(We) (did) (did nat)	view the bady o	fter death.			
23A. SIGNATURE	200	1110					23B. DATE SIGN	NED
al	bunar	Klou	GA M.D. A	Itending N	Aed. Sto	eff		
22 C BUYELCIA NEC			Ph		Pirector Phy	y s. 🔲		
23C. PHYSICIAN'S NAME (Type)	11.012/	Sc VI	· · · · · ·	23D. ADDRESS	1.1.9	101.0	1 -20	
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AA. BURIAL CREMAT	TION, 24B. DATE	24C, NA	ME of CEMETERY OF C	REMATORY	24D. LOC	ATION	City, town, or coun	tyf (Ste
REMOVAL (Spec	2-17-1	1 0	1+	. l. + .	./			41
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A. DATE REC'D BY	HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERA	AL DIRECTOR	. o L Nes	WERREL AS	PRESSY 6

B. Tremon

+	200			HEALTH DEPARTMENT
-	200	BIRT	H NO. 66 U1686 CERTIFICA	TE OF DEATH Registered No.
3	and sectors the the		CASE NO. AME OF DECEASED.	[2, DATE AND HOUR OF DEATH
77	0 0 0	(Ty	e or Print) Lillia Tatman	2-14-66 1720 74
	of d of d Dece e or	3.	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
1	2 0 0	П	2011 MANE OF 100 100 100 100 100 100 100 100 100 10	MA
V		1	TULL NAME OF (If not in hospital ar institution, give street address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
-		1	NSTITUTION	Balt more
-	att att	15	JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rural, give location)
9 =	0	L		2408 ORLEANS Street
	contribut termined regular ceased p	5. 5	EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
	contribetermin regula	1	T W Married	7/13/29 36
			USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY aduring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	de de tio	-	Housewife at Home	Lawrel md. U.S. A.
	OS is	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
—	rect (4) U was the ispos		JAMES CURTIN	EDITH SMITH
Z	di di di		Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MA
7	kin kin de de ce	(,,,	The SECURITY NO.	Dear Edith & Burch West 6.
IMPORTAN	d d d	-	18. CAUSE O	
D d	o, o, nce		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
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	1.30 18		(This does not mean the made of dying, e.g., DUETO heart failure, asthenia, etc. It means the disease,	
8	iner ner. actu pro pro ular mba		injury or complication which caused death.)	Vilenana
CTOR:	A fractive prices of the contraction of the contrac		ANTECEDENT CAUSES (B) DUE TO	A
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FUNERAL	me bu bu hy nn re-	ATION	TO THE DEATH BUT NOT RELATED TO THE	2 Renal Tuberenless
2	P P P P P P P P P P P P P P P P P P P	OA	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
Z	chi Bo Bo th th ysi	CERTIFIC	WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?
5	the (2) (2) ph		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF home, form, foctory, street, of	n or about 21C. WHERE DID (If in Boltimore City, give exact location)
	by the pital whe whe do be	CAL	DEATH (natify medical examiner) etc.)	
	hospito nature; ept wh d (6) No	MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	hos nature ept d (6)	Σ	(APPROX.) While AI Not While Work AI Work	
	he he and and better		22. 1 certify that (1) (this hospital) attended the deceased fram.	2-4 19 Celaro 2-14 19 Celo.
	app fort far far (e		that (1) (we) last saw the deceased alive an 2-14	19 (and that (n(my))(our) apin(an death accurred on the date
	0 2 0 5 = 7		and haur and fram the causes stated abave. (1) (ve) (did) (did nat) v	
	ase dent ospiral dear dear must		23A, SIGNATURE	238, DATE SIGNED
	50.540-		Mitay h, Kava M.D. AHE	ending Med. Stoff Phys. Director Phys.
	ac ac		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	ificate was r A at at d prior approv		Michael Davis M.D.	The Johns Hopkins Hospital
	certificate sody was rs. (1) An a D.O.A. at assed prior	244	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRE	
	This cert the body shows: (1 was D.O decease		Burel 2/18/66 Transmiredas	2 Com Porsey ma.
		252	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
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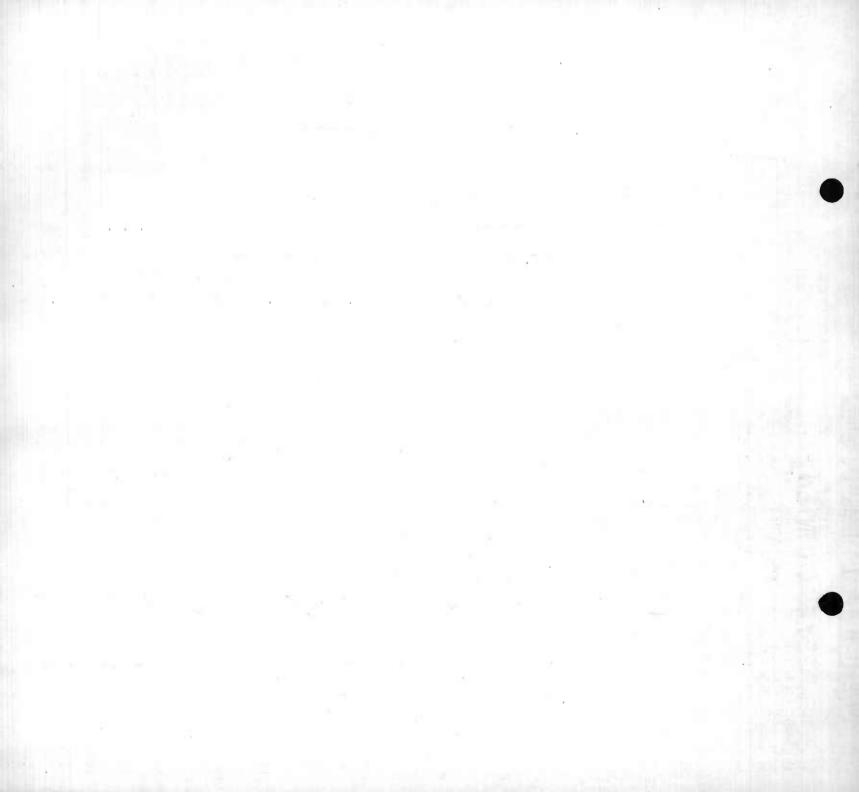






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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death. Such leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vitten approval must be obtained before the remains are embalmed or final disposition is made.
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	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 04000
BIRTH NO. M.E. CASE NO. 66 0169	2 CERTIFICA	ATE OF DEATH	Registered Na.	66_01692
I. NAME OF DECEASED	. /) / 0	2. DATE AN	D HOUN OF DEATH	1
Type or Print)	46 (14° (camiel	113/60	0 N
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e degeosed lived. If it	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institu	ition, give street	Md.		3 13
HOSPITAL OR oddress or location)	gree sheet	C. CITY OR TOWN III OUT	side city limits, write	RURAL and give township)
			LOEC	
3.13, 8 1.		D. STREET ADDRESS (If	rurol give location)	
		1800.	highed	<i>i</i> .
win win	RRIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
7 20 """	ω .	3/31/99	67	
OA, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Monse		140	f.	
3. FATHERS NAME	. / '/	14. MOTHER'S MAIDEN NAM	ME	
15/ER Goll	1616	USAQ	HEGT	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0"	ADDRESS
(es, no or unknown) (If yes, give wor or dates of ser	vice) SECURITY NO.	FAM	· (. · O)	HNE
18. 4.20.	CAUSE	OF DEATH	9	INTERVAL BETWEEN
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LEADING TO DEATH	(Man Il.	moboses	
(This does not mean the mode of dying,		July Sty	0,77-0,0-0,-	
hearl failuse, asthenia, etc. It means the dis injusy as camplication which coused deoth.)	eose,	4		
ANTECEDENT CAUSES	(8)	***************************************		
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stating				.,
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIB	HTING			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	O THE			
194. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
	21 B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimon	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	office bldg., INJURY OCCUR?		
OF IN (IRY	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	ile		
(AFFROA)	Work At Work			
22. I certify that (I) (this hospital) atten	ded the deceased fram	gan	1957 to	Fet: 9 1966
that (I) (we) last saw the deceased alive	on 2 -	9 19 6 and the	at in (my) (www.) apl	nian death accurred an the da
and haur and fram the causes stated aba	ve. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE		/		238, DATE SIGNED
En Copy 2	M.D. AI	tending Med. Director	Stoff Phys.	2-14-66
23C. PHYSICIAN'S		23D. ADDRESS	, , , , , , , , , , , , , , , , , , , ,	
NAME (Type) FILCE ME OF	50 HuitzER M.D	. 39045. WA	UNVERST.	R. 11 Ml 2002
LUCEIVE T.	OCHNITOCA	1 - 10"	SATION 16	104270, 111d. 2120
REMOVAL (Specify) 248. DATE 2	4C. NAME A CEMETERY OF CI	REMATORY 24D. LO	OCATION C	ity, town, or county) (Stote)
1 17/66	(4/60	1641	0 061	11/20066
	ME OF REGISTRAR	25C FUNERAL DIRECTOR	4135	ADDRESS
FEB 16 1966 Q 2 5 8	talber Mill	1000/4	-150 E	tobe les.
/S 150-REV, 1/1/65				

IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 66 1) 1693

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

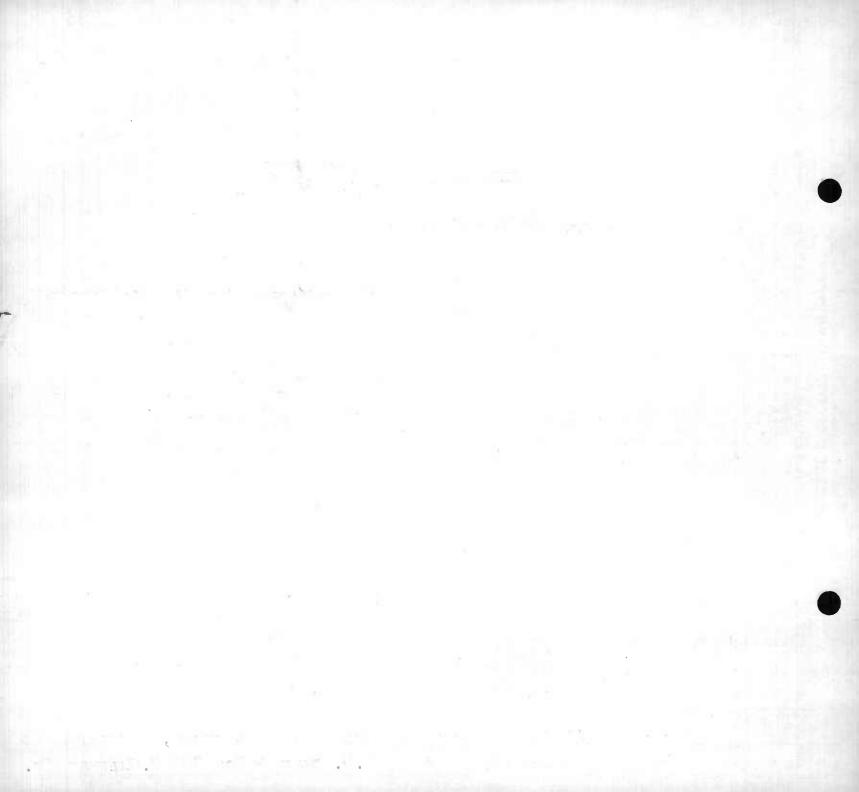
(If gutside city limits, write RURAL and give township)

If Under 24 Hrs.

Hours

INTERVAL BETWEEN ONSET AND DEATH

& SON 805 N. CALVERT



IMPORTANT

FUNERAL DIRECTOR:



BALTIMOR

deceased prior to written approval was D.O.A. shows: (1) the body

	TE OF DEATH Registered No.	6 41695
R	2. DATE AND HOUR OF DEATH FEBRUARY	12 /%6 3:25 P m.
	4. USUAL RESIDENCE (Where deceased lived, If in A, STATE B, COUNTY	
	MARYLAND	
	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
	BALTIMORE	/ sall-
	D. STREET ADDRESS (If rural, give location) 1903 CEDAR CIRCLE	5300
:ify)	B. DATE OF BIRTH 9-18-77 9-18-77 88	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
USTRY	11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	MARYLAND	USA
	14. MOTHER'S MAIDEN NAME	034
	ANNA	
	17. INFORMANT	ADDRESS
•	ST. AGNES HOSPITAL RE	COPDS
USE O	OF DEATH	INTERVAL BETWEEN
	1 (')	ONSET AND DEATH
15k	eding relatic velcer	3 days
TO	0 0	
	ACUD.	
10		
rea	idal esgluma.	
te	segmente mennomo	
4	20%. AUTOPSY? (Yes on No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	NO	
Y (e.g., i treet, o	n or about 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	e City, give exact location)
ED of Whil t Work		
n	2-9 1966 10	2-12- 19 66
2-1	2 19 66 and that in (XX) (aur) api	nian death accurred an the date
XXX.	view the bady after death.	23B. DATE SIGNED
D. Att	ending Med. Stoff Phys. 23D. ADDRESS	2-12-66
M.D.	ST. AGNES HOSPITAL	
or CR	EMATORY 24D. LOCATION (C	ity, town, or county) (State)
22	Cem. Broklyn	md.
3	25C. FUNERAL DIRECTOR	ADDRESS
	Takey Carrings A-	atornelle Mrd.

- reg 1 835 MM 337 MA

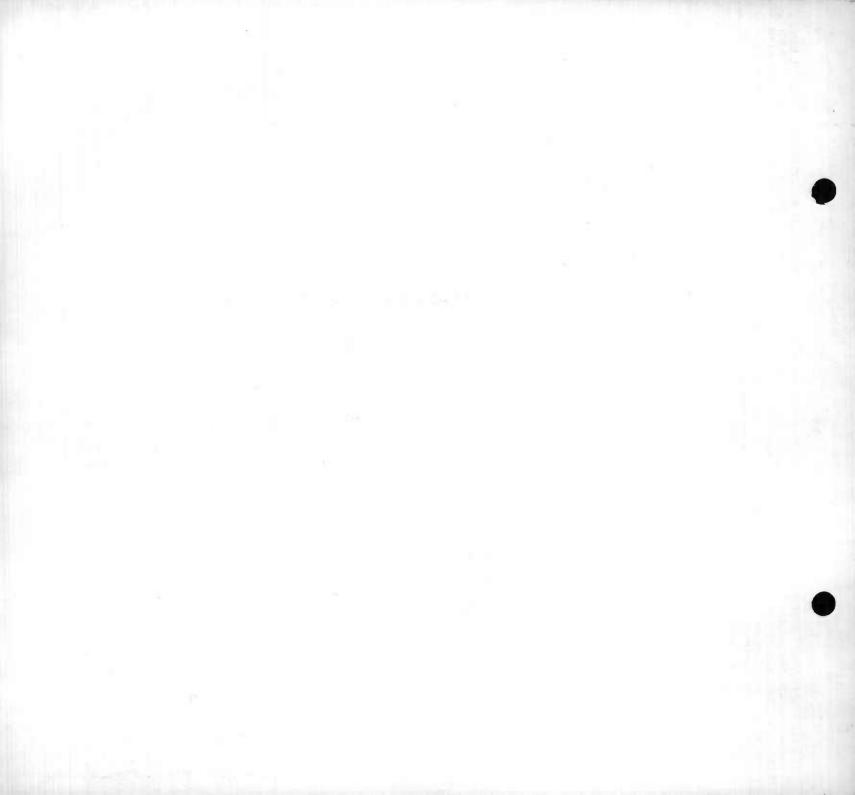
The Aller Medical Services and the services are services and the services and the services and the services and the services are services and the services and the services are services and the services and the services are services are services and the services are services and the services are services and the services are services are services and the services are services and the services are services are services and the services are services are services are services are services are services and the services are

LC 73 6 L	IRTH NO. CERTIFICATE OF DEATH Registered No. 1696
Su the su	A.E. CASE NO. NAME OF DECEASED [Vipe or Print] [VI) 1/1 mm A. Carter. 2. Date and Hour of Death 2-11-66 12:15A.
death.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decreased lived. If institution: residence before admission A. STATE B. COUNTY
I	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If obtained city limits, write RURAL and give township)
,	D. STREET ADDRESS (If rurol, give locotion)
5	South Da timole (ENETA) HOSP. 24 BETTIN HVE. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors WIDOWED, DIVORCED (specify) Months; Doys Hours; Min.
ı	DA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF
d	Janitor Metings Brooklyn, md USA
1	3. FATHER'S NAME
1 (Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
-	Yes WW Saddie M. Carter - 124 Berlin ave
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ONSET AND DEATH
	(This does not mean the made of dying, e.g., DUETO
	ANTECEDENT CAUSES 4504 DUE TO DUE TO
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bultimate City, give exact location)
ı	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exact location) on CONTRIBUTING CAUSE OF Location (If in Baltimare City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ŀ	22. I certify that Withis haspital) attended the deceased fram 2-9 19 66 to 2-1/ 19 66
	that (4) (we) last saw the deceased alive on 2-1/1 19 66 and that in (are) (aur) aplaion death accurred on the do
	and haur and from the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23B, DATE SIGNED
	23A. SIGNATURE Attending Med. Stoff Phys. 2 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED
ı	23C. PHYSICIAN'S NAME (Type) M.D.
1	Allen Frey MD. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, fown, or county) (Stote)
	Bureal 2-13. 66 Ballimore Pational Dattimore Md
	FFB 16 1986 Q D & Q Zo D. M. D. M. D.
1	/s 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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4 13631	BALTIMORE CITY	Y HEALTH DEPARTMENT	06 01697			
BIRTH NO. 66 111697	CERTIFICA	TE OF DEATH Registered No				
M.E. CASE NO. 1.NAME OF DECEASED		2, DATE AND HOUR OF DEAT	¥			
(Type or Print) Ralph Samue	Johnson	Feb .12 , 196				
3. PLACE OF DEATH IN BALTIMORE MARYLAND						
FULL NAME OF (If not in hospital or institu		4. USUAL RESIDENCE (Where deceased lived, If A. STATE 8. COUNTY Florida	V-08			
HOSPITAL OR oddress or locotion) INSTITUTION		C. CITY OR TOWN (If outside city limits, write Palmetto				
US Public Health Service Wyman Pk. Drive & 31st		D. STREET ADDRESS (If rurol, give locotion) 1607- 1st Avenue				
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hi			
M Col Wil	Single (? Di	v) 3/11/35 lost birthdoy 30	Months Doys Hours Min.			
OA. USUAL OCCUPATION (Give kind of work 10 B, KIN Ione during most of working life, even if retired) Truck driver	ND OF BUSINESS OR INDUSTRY	Florida	12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Charles C. Willia	amson	Essie Wade				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 262-48-9391	Records- US PHS Hospite	ADDRESS			
120		-	/ /			
DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH	ONSET AND DEATH			
LEADING TO DEATH		ronchopneumonia, marked	Days			
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dis						
injury or camplication which coused death.)	(Ac	cute lymphatic leukemia.	Mos.			
ANTECEDENT CAUSES	(B)	cute lymphatic leukemia,				
DISEASES OR CONDITIONS, if ony,	giving	ticulum cell carcinoma	Mos.			
rise to the obove cause (A) stoting UNDERLYING CONDITION last.	the (C) RE	orderen derr carcinoma				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING PLE	eural effusion, left	Days			
198. DATE OF OPERATION 198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?						
O 21D. TIME (Month) (Doy) (Year) (Hourt	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
W OF INJURY (APPROX.)	While At Not Whi					
(AFFROX)	Work At Work					
22. I certify that (1) (this hospital) atten			eb. 12 19 66			
that (l) (we) last saw the deceased alive	on Feb 12	19 <u>66</u> and that in(m/y) (aur) a	pinian death accurred an the d			
and have and from the causes stated abo	ver(1) (We) (did) (did/nov)	view the bady after death.				
23A. SIGNATURE	19.		23B. DATE SIGNED			
Thomas IT	M.D. AH	ending Med. Stoff Phys.	2/14/66			
23C. PHYSICIAN'S	(Fin)	23D. ADDRESS	~/ 24/ 00			
23C. PHYSICIAN'S NAME (Type)	on (P)		6.1			
Thomas J. Lau, Surge		US PHS Hospital, Balto, N				
REMOVAL (Special)	4C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State			
Surial 2-20-66	Talmetto	Cemetery of love	da			
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	250 FUNERAL DIRECTOR	ADDRESS			
ENB 16 1986 A O A O	F. 1	Du Bung France	al Home - Palmeth			
VS 150-REV. 1/1/65	- NO MORE A	What was a state of the state o	a sur da la			



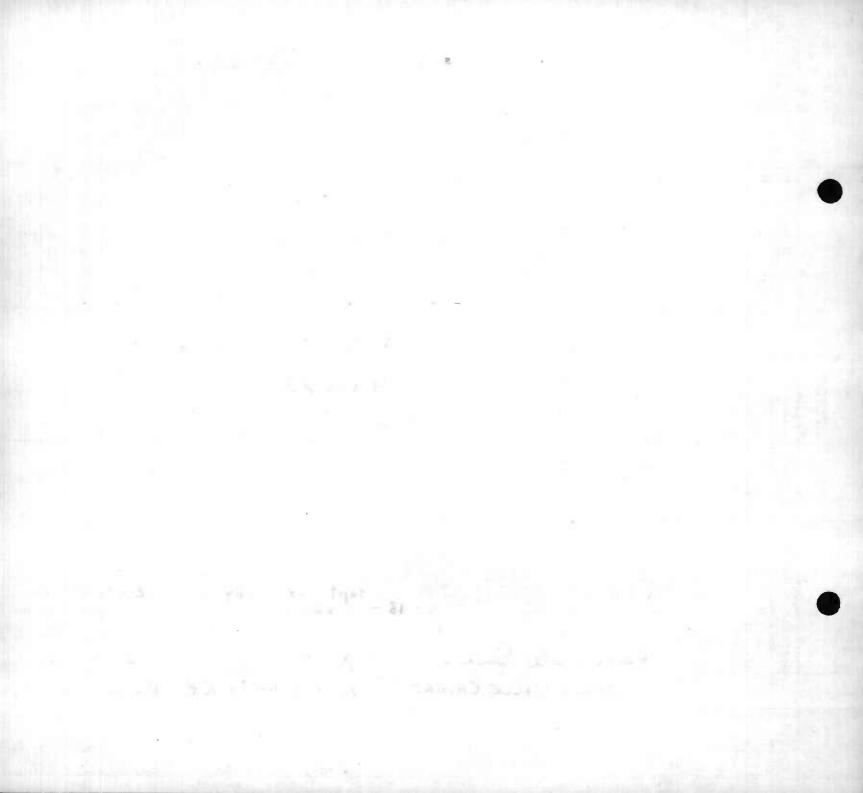
		BALTIMORE CITY	HEALTH DEPARTMENT		1.000
M.E	H NO. CASE NO. 66 01698	CERTIFICA	TE OF DEATH	Registered Na	5 41698
	AME OF DECEASED LEE BULL	HANAN	2. DATE AN	DENOUR OF DEATH	7:40
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived, if inst	itution: residence before od
. 1	CULL NAME OF (If not in hospital at institution, goddress or location) NSTITUTION	ive street	MARYU	1side city limits, write RU	RAL ond give township)
	UNION MEMORIA	2 HOSP	D. STREET ADDRESS (III	rural, give location)	57
i. S	F W WIBOWED	NEVER MARRIED , DIVORCED (specify)	1/30/99	12	If Under 1 Yr. If Under Months Doys Haurs
	USUAL OCCUPATION (Give kind of work 10B. KIND OF during most of working life, even il retired)		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Treasurer	ompany	10017		USA
	THOMAL BUCHAU	-	14. MOTHER'S MAIDEN NA	AH LEE	
15. Yes	Was Deceased Ever in U. S. Armed Farces? s, na ar unknown) (If yes, give wor or dates of service) No None	16. SOCIAL SECURITY NO. 216-05-0776	MISS C. C	AMPBELL	S/A
	18. 465 X I	CAUSE O	F DEATH		ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(D)	Umonay	< 1. 1	1 · no
	(This does not mean the mode of dying, e.g.,	DUE TO	umonay	mewa	in, ac
	heall foilule, asthenia, etc. It means the disease, injury at complication which coused death.)		O		1.
	ANTECEDENT CAUSES	(B)			1111/
	DISEASES OR CONDITIONS, if ony, giving	DUE TO			1M
	rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	/
	TI III				
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.a i	n or obout 21C. WHERE DID	(If in Boltimare	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
DIC		INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?	
ME	OF INJURY Whi	le At Nat Whil	e 🗀		
	Wor		- / /	19 GG to	2/15
	22. I certify that (4) (this haspital) attended th	ne deceosed from	1. / / /		19
	that (1) (we) lost sow the deceased alive on	· · · · · · · · · · · · · · · · · · ·		nat (n.(m)) (our) apini	on death accurred on
	and haur and from the couses stated above the	7 (We) (did) (did not)	riew the body ofter death.		DATE SIGNED
	23A. SIGNATURE		ending Med.	Stoff	DE SIGNED
	23C. PHYSICIAN'S	Phy		Phys.	413/6
	NAME (Type)	4. 5		EMODIAL HO	CDITAL
244		M.D.		MEMORIAL HO	
245	REMOVAL (Specify)				, tawn, ar county)
25		rkwood Cemete		altimore, Md	· / danner
254	LED 1 R 1000 A 0 A Q L	F REGISTRAR	25C FUNERAL DIRECTO	1 , 0	Bally in
1/0	F.C.D I.U 1300 CE KING E. CO.	Mentage	wm.y. vick	ner -smo	north
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such written approved must be obtained before the remains are embalmed or final disposition is made.

			1.000	BALTIMORE CITY	HEALTH DEPA	RTMENT	. 6.	6 01699
HRTH N		66 0	1699	CERTIFICA	TE OF D	EATH	Registered No.	0 01000
	E OF DECE	ASED				2. DATE AN	D HOUR OF DEATH	
Type or	Print)	Lillian S	. 5	Vinde sheim		Fehru	ary 13, 196	56
. PLAC	CE OF DEA	TH IN BALTIMORE, MA	RYLAND				re deceased lived. If i	nstitution: residence before odmission
					Mary:			20-0
HOSI	NAME OF	(If not in hospital oddress or tocation		give street	C. CITY OR TO		side city limits, write	RURAL ond give township)
INSTI	TUTION					imore		•
	63	308 Belair Re	oad		D. STREET ADI		rurol, give locotion)	
	В	altimore, Ma	ryland	21206	6308	Belai:	r Road 2	1206
. SEX		6. RACE		NEVER MARRIED	B. DATE OF BIR	TH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
Fem	nale	White		D, DIVORCED (specify)	Cont		lost birthdoyi	Months Doys Hours Min.
				dowed F BUSINESS OR INDUSTRY	Sept.	(State or fore	gn country)	12. CITIZEN OF
_	_	orking life, even if retired)			hA	7 . 1		WHAT COUNTRY?
	lousew.				· ·	yland		
3. FAT	HER'S NAM	E			14. MOTHER'S	MAIDEN NA	WE	
· ·	James	Aaron					Courts	
5. Wos	Deceased	Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMAN	T	71,09	Kalton Court
No		None	01 0011100/	218-14-7688	Mr. Hen	ry Winds		sville, Md. 8
1B.		110110		CAUSE O		y	SOMETH LAKE	INTERVAL BETWEEN
	1-00	E OR CONDITION DI	a Corty					ONSET AND DEATH
		CONDITION iast.						
ATIO TO	THE DI	FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	ATED TO TH	G IE				
ERTIFIC 164	DATE OF		NDITION FOR	WHICH OPERATION	20A. AUTOP	SY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A	CONTRIBU	TING CAUSE OF medicot exominer)	21 E hor etc	B. PLACE OF INJURY (e.g., i me, farm, factory, street, o .)	n or obout 21 C. V ffice bldg., INJU	VHERE DID RY OCCUR?	(If in Boltimo	re City, give exoct locotion)
	D. TIME	(Month) (Day) (Yeor	(Hour) 21 E	INJURY OCCURRED	21 F. H	IOM DID IN	URY OCCUR?	
>	PPROX.)		W	hile At Not While				
		113 / 11 1				140	10/4	2-13- 1966
				the deceased from				
tho	at (I) (we)	lost sow the deceos	ed olive on	5 15	19.66	and th	nat in (my) (our) op	inion deoth accurred on the d
and	d hour and	fram the couses sto	oted obave. (1) (We) (did) (did not) v	view the body	ofter deoth.		
23A	. SIGNATU	2 1 0	0		. \		6. //	23B. DATE SIGNED
	6	leray Val	le la	were M.D. Att.	ending S.	Med. Director	Stoff Phys.	2-15-66
23 0	NAME (T	rs CESAR	VALLE	CAVERO M.D.	23D. ADDRESS 8629	Libe	rty Rd.	RANDALLSTOW, M
		MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY	24D. L	OCATION (C	City, town, or county) (State
RI	EMOVAL (S	0 10 1 10	066 11	70 3 1 1	0	D	24.	,
25A P	Buria.		700 Heb	orew Friendshi	p Cemeter	AL DIRECTO	altimore, Mo	ADDRESS .
23A. B	ATE REC'D	6 1966 02	E B.	OF REGISTRAR	O W no	1.97.2	Ann -80	me north fa
/\$ 150	-REV. 1/1/6	55			-			



IMPORTANT

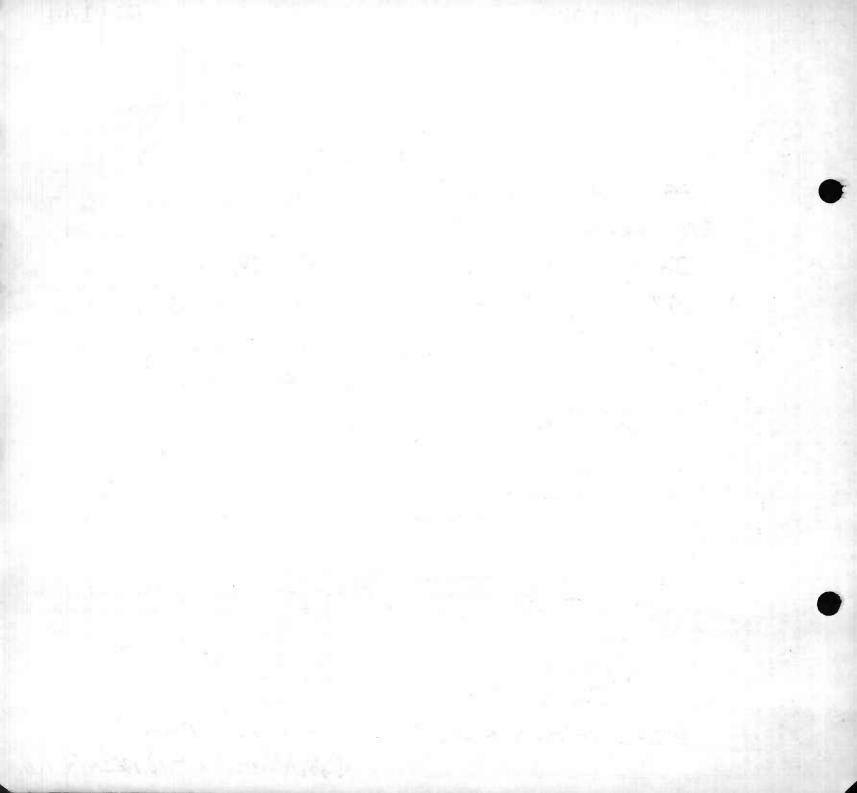
DIRECTOR:

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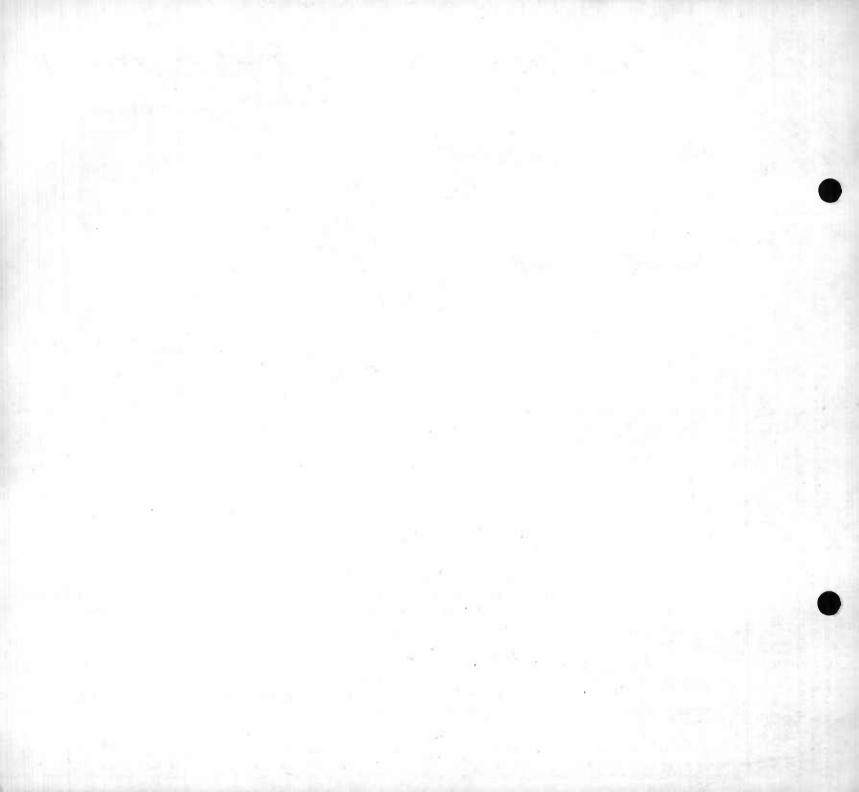
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

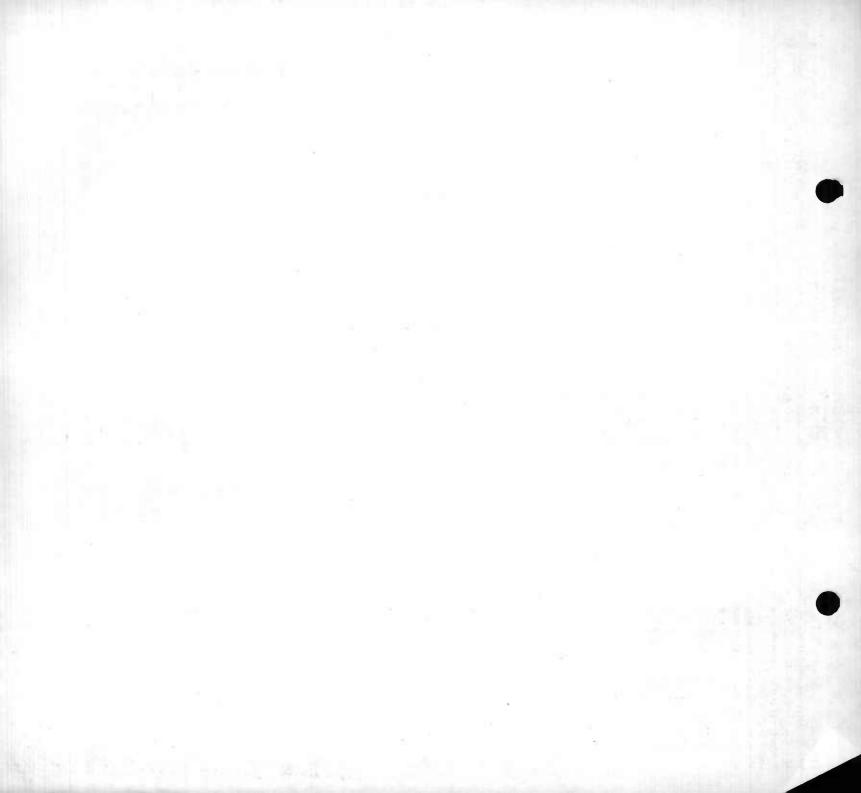
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VS 150-REV. 1/1/65



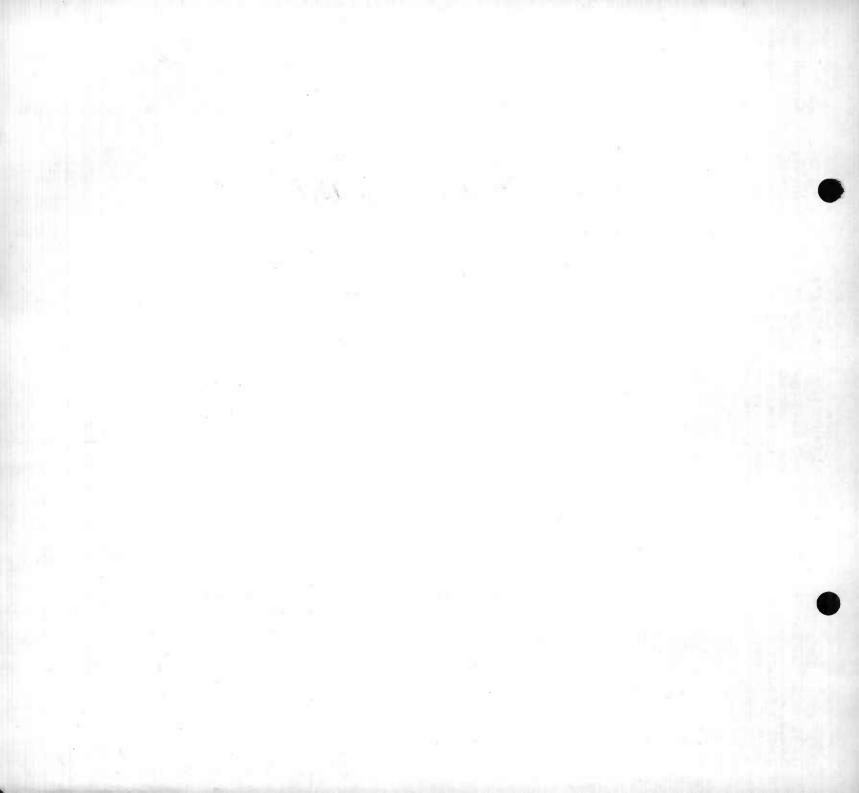
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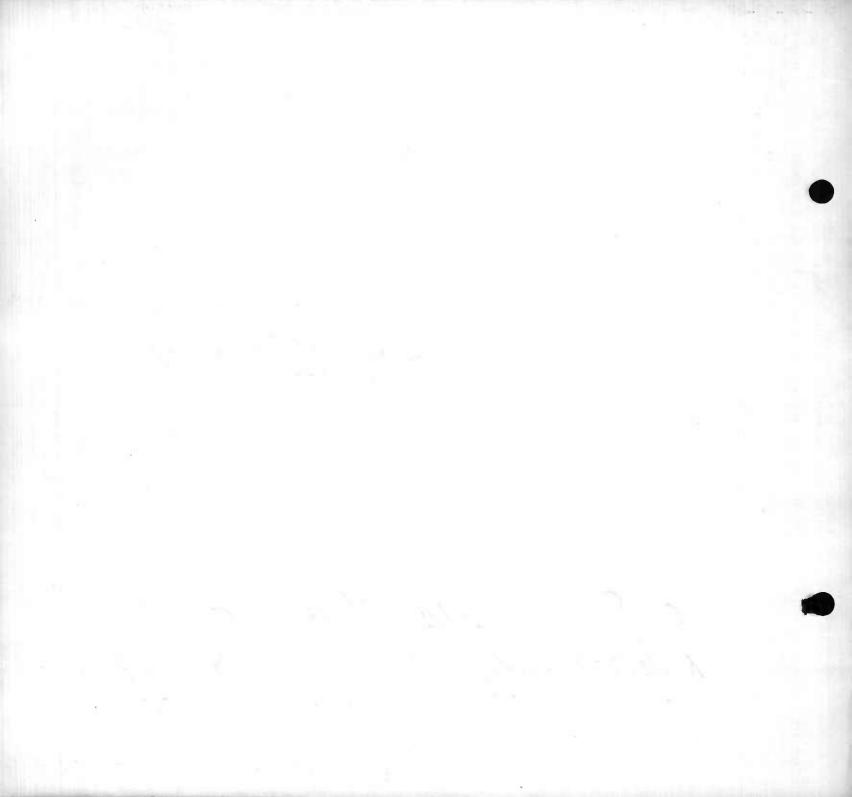


VS 151-REV. 1/1/65

		_	ALTIMORE CITY HEAL				66 0	1704
BIRTH NO.	66 UI MEDI	ICAL EX	AMINER'S CI	ERTIFICA1	TE OF D	EATH Registe	red No	1 / () 4
M.E. CASE NO.								
1. NAME OF D	ECEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
Trype or Finns	George	Ba:	iley		Februa	ry 11, 196	6 8:45	P. M.
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where de	ceased lived. If inst	itutian: residence belo	
				A. STATE Mary	land	B. COU	18-	201
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW	VN (If autside	carparate limits, write	RURAL and give to	wnship)
INSTITUTION				Balt.	imore			
2	South Baltimore General Hospital				RESS (If rural, g	ive lacation)		
	South Datel	nore Gen	eral Hospital			te Street		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	4	9. AGE (In years lost birthday)	If Under 1 Yr. If U	Jnder 24 Hrs.
Male	Namo	Sing	NORCED (specify)	Jan. 10	7. 7.045	21	Months Doys H	ours Min.
	CUPATION (Give kind of work	_					12. CITIZEN OF	
done during most o	of working life, even if retired)						WHAT COUNT	RY?
Labor 13, FATHER'S NA				14. MOTHER'S M.	AIDEN NAME	Va.	1	
	Bailey			Irene	Robbi	nson	alter -	
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
no				Charles	Dough	ty 1028 W	. Sarato	ga St
18.	222 44		CAUSE	OF DEATH				L BETWEEN
DICE	ASE OR CONDITION DE	ALCEI V					ONSET	ND DEATH
Disc	ASE OR CONDITION DI LEADING TO DEATH	RECILI	Multi	ple injur	ies			
(This does	not mean the made of	dying e.g.	DUE TO	. A				
injury or o	re, asthenia, etc. It means complication which coused	death.)						
	ANTECENDENT CALLS	c					1000	
DISEASES	S OR CONDITIONS, IF A		(B)	***************************************				
RISE TO 1	THE ABOVE CAUSE (A) ST	TATING THE	DOE 10					
	ING CONDITION LAST.		(C)					
<u>P</u>	li .							
OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTION	IG					
TO THE	DEATH BUT NOT REI		4E			3800 000 × 000 × 0000 0 000 000 000 000		
	OF OPERATION 198, CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20	B. IF YES, WERE FIR	NDINGS CONSIDERE	D
0,2	WAS PER	FORMED		Yes	II.	CERTIFYING CAUS	SES OF DEATH?	Yes
ZIA. EXTERN	IAL CAUSE WAS	21 B, I	PLACE OF INJURY (e.g.,	in ar about 21C. W	HERE DID (If	in Baltimore City, gi	ve exoct location)	9
UNDERLYING CA	USE OF DEATH.	etc.)	form, factory, street, of Street			ve./ Cherr	v Hill Rd.	10-3
Z 21D TIME	(Manth) (Doy) (Year	r) (Haur) 2	E. INJURY OCCURRED		OW DID INJUR		J 111111 1000	
OF INJURY	ebruary 11,66	8:15 P.					l administration of	7 -
	epruary II,00	m. W	ORK AT W	ORK Car	Tere or	ie road and	struck a	DOTE
22.	ertify that I held on I	ngulry 🗌	Inspection Aut	opsy 🗴 one	that on this	bosis, deoth in m	ny opinion	
	ulted from: Natural co		ccident 🔀 Suicide			determined monne		
res	I Raidre Co.	A A	Juicia					
ACTU	AL halls	.0.11	5 1/-	_	EDICAL EXA		DATE	SIGNED
SIGNA		cervi	-(M.D.	ASSISTANT MI	EDICAL EXA	MINER	Februar	v 12.196
	INER'S W	erner U.	Spitz, M.D.	ASSOCIATE M	EDICAL EXA	MINER		
23A. BURIAL C	REMATION, 238 DATE		C. NAME OF CEMETERY O	CREMATORY	23D. LO	CATION (City,	, tawn, ar caunty)	(State)
Burial	42 2 2 2	1066	Mt. Auburn	Cem.	Bal	to. Mo	٦.	
24A. DATE REC'		24B, NAME	OF REGISTRAR		AL DIRECTOR	M	ADDRESS	,
F	EB 1 0 1986 G	10 6-0	Fr. Outs	26.00h	of.	14/1	100 /al	al 1/11 1
1	LD YO JOON !	41-403	3 6 6	VIBRUR	MATLIAN	IN NOWLL	JIJII- DUNA	orall 14
				18 19 17				



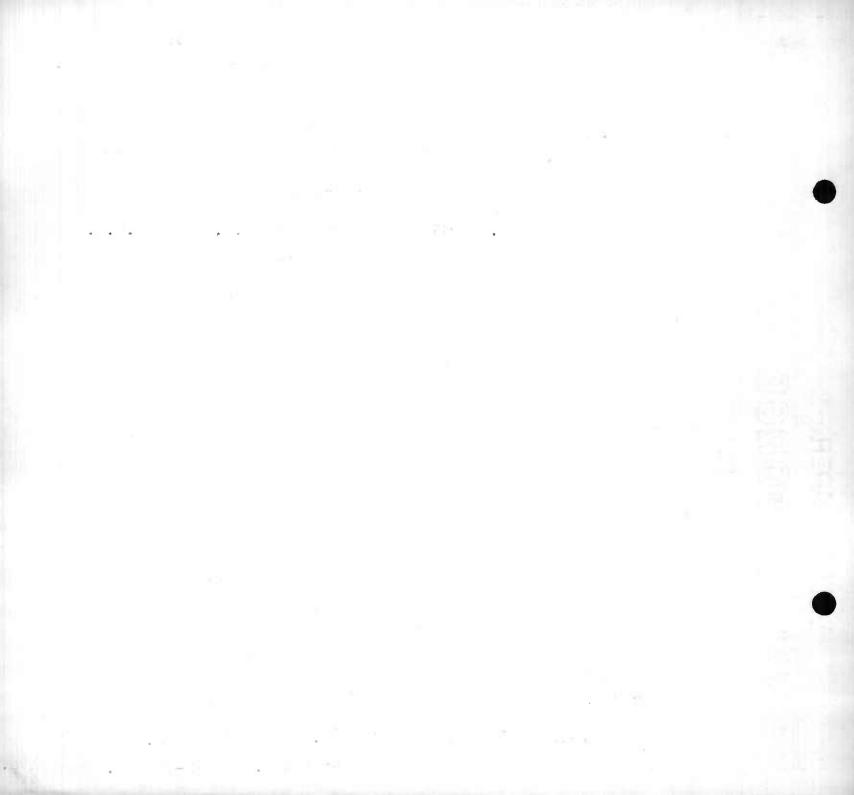




IMPORTAN

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

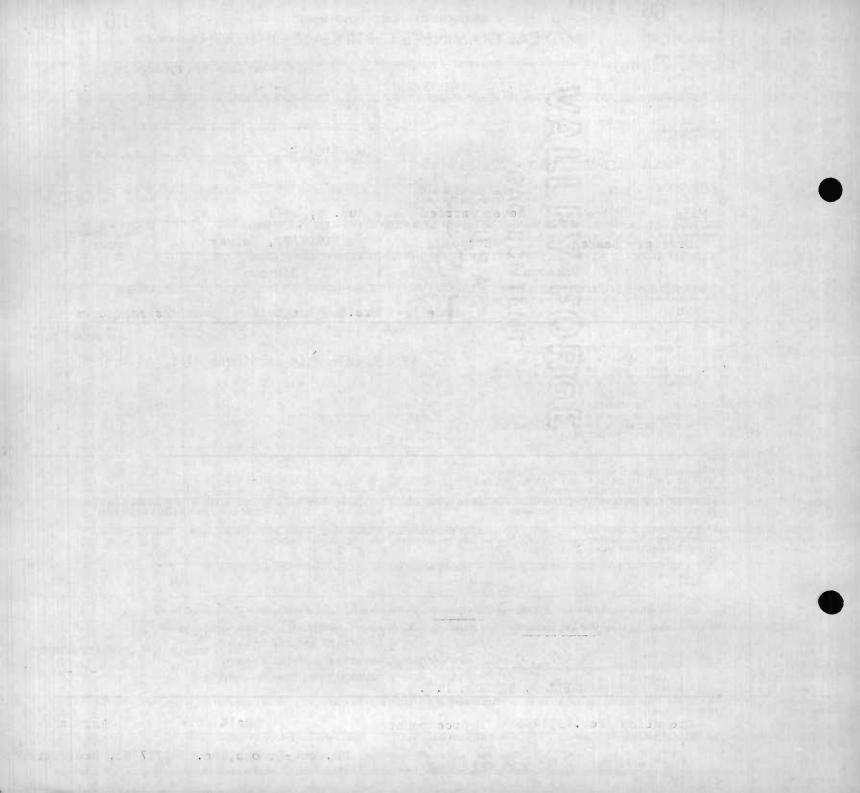


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				- V -
MEDICAL	EYAMINIED'S	CERTIFICATE	OF	DEATH RAGIE
MILLICAL		CERTICATE		LILM INGGIS

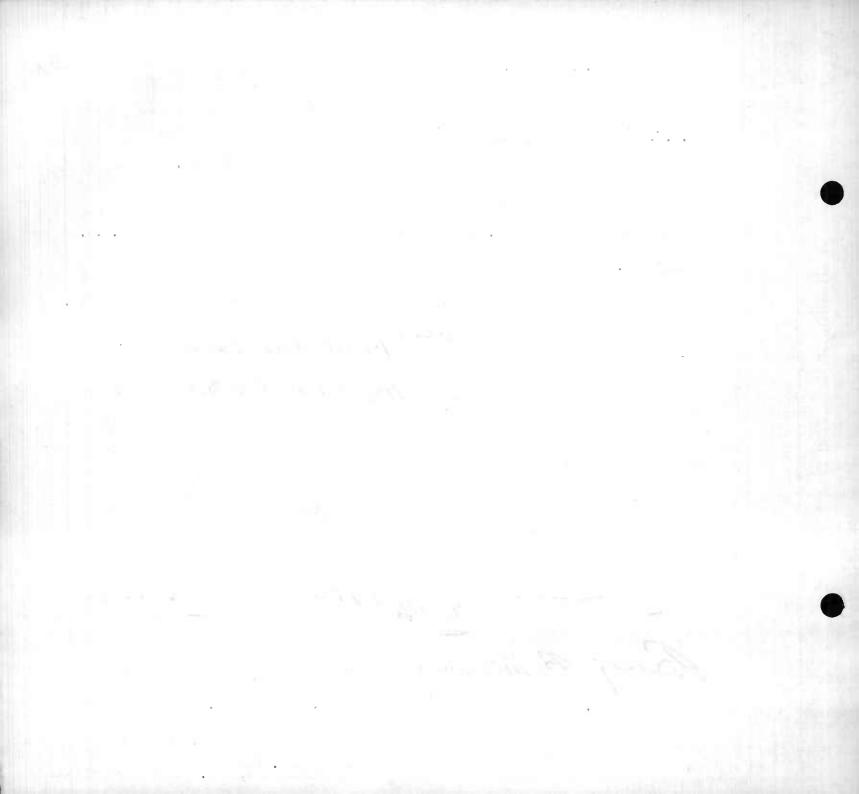
BIRT	H NO.	MEDI	CAL EX	AMINER'S C	ERTIFICAT	E OF D	EATH Registe	red No		
=	CASE NO.							D-LOCAL DE		
1. I	OF OF DEC	EASED			G. S.H.LO.	2. DATE AND	HOUR PRONOUNCE	ED DEAD		
		ALF	EMIL	HALDORSEN		2-9-66			3:25	P M.
FUL	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU		Norway		eceosed lived. If insti B. COU	V	6	
INS	MOTOR	SHIP VESTVAR		SEA	Hanningsvag D. STREET ADDRESS (If rural, give location)					
			10015			7				
1	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White Never Married NA USUAL OCCUPATION (Give kind of work) IOB. KIND OF BUSINESS OR INDUSTR			Aug. 6,	1913	9. AGE (In years lost birthday) 52	Months Doy	s Hours		
done	Ordina:	ry Seaman		hipping	NORDK	CAPP, No		12. CITIZEN C WHAT C NOTW	OUNTRY?	
13, 1	ATHER'S NAM	Unkno	wn		14. MOTHER'S MA	Unknown				
15. V	NAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		None	Mrs.Emmy J	lektvik	Honning	svaag.No	rway	
	1B. 425	2.1	354		OF DEATH			INT	ERVAL BET	
	(This does n heart failure, injury or con A DISEASES (RISE TO TH	SE OR CONDITION DIL LEADING TO DEATH not mean the mode of osthenio, etc. It means uplication which coused of NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.	dying, e.g., the disease, death.) S NY, GIVING	(A) Arter	rioscleroti	ic cardi	ovascular	disease		300001h43003
CERTIFICATION		II VIFICANT CONDITIONS TO DEATH BUT NOT REL								
SERTIF		OPERATION 198, CON WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY?	(Yes or No) 20	DB. IF YES, WERE FIN	IDINGS CONS	IDERED	
CAL	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. P home, etc.1	LACE OF INJURY (e.g., form, foctory, street, c	in or about 21C. Will office bldg., INJURY	HERE DID (II	in Boltimore City, giv	ve exact location	on)	
ME	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeorl		E INJURY OCCURRED HILE AT NOT AT W	WHILE	א סום ואטעיי	Y OCCUR?			
		Ify that I held on Ir		Inspection Aut			bosis, deoth in m			
	resulf	ted from: Notural cou	ses K A	ccident Suicid	_	DICAL EXA	determined monne	or 🔛		
	ACTUAL SIGNATI EXAMIN	URE Jaco	sell 80	Froher M.D.	ASSISTANT ME	DICAL EXA	MINER [ATE SIGN 2-14-6	
	NAME (1	Type) RUSSELL	S. FISH	ER, M.D.						
	BURIAL CREATOVAL (Specify		23C	. NAME of CEMETERY	CREMATORY	23 D. LO	CATION (City,	town, or count	y) (S	itotel
	Cremat	ion Feb. 15, 1		Greenmount		В	altimore		Maryla	nd
24A	. DATE REC'D	BY HEALTH DEPT.	24B. NAME C	OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADD	RESS	
	FEB :	16 1986 @ 0.	583	a Commo	Wm. Coo	k Brook	s, Inc. 1	217 St.	Pau1	Stree

V\$ 151-REV. 1/1/65



VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMEN	Т	66 017.10
BIRTH NO.	66 0	1710	CERTIFICA	TE OF DEATI	H Registered No	
M.E. CASE NO.					E AND HOUR OF DEAT	Н
Type or Print)				2, 541		2
K	enneth T. Mol	er			2/12/66	D.A.
. PLACE OF D	EATH IN BALIMORE, M	AKILAND		A. STATE B. C	OUNTY	institution: residence before admission
FULL NAME	OF (If not in hospital	l or institutio	n. give street	Maryland	3	
HOSPITAL OF	d oddress or locati		n, give sheet	C. CITY OR TOWN	A. If outside city limits, writ	e RURAL and give township)
						711-31
D.O.A.	. Union Memor	ial Hos	spital	D. STREET ADDRESS	(If rural, give location)	
		I= 44.000			en Falls Ave.	
- SEX	6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male	White	Man	ried	11/7/13	52	
		ork 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most o	of working life, even if retired		0:1/ 5 3:	M- 2- 1		
Patro	lman	Balto	city Police	Maryland		U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME	
Willia	am E. Moler			Lillian	Danner	
5. Wos Deceose	ed Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
fes, no or unknov	wn) (II yes, give wor or do	ites of service	e) SECURITY NO.		7	
No			215 03 4769		oter - 5940 G	len Falls Ave.
18. 4	0.11	3.7	CAUSE C	F DEATH	Very July 1-	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D	RECTLY	ACUTE	11.1		
	LEADING TO DEATH	4	(A) /	MIYOCARDIA	2 INFAR	CT. IHR.
	nal mean the made o				*****************************	4.4.
	e, asthenia, etc. It mear amplication which cause				/ .	
	ANTECEDENT CAUSE		(B) 14	YPERTENS.	C.V. Dis.	1425
			DUE 10			
	OR CONDITIONS, if			•		
	lhe above cause (A NG CONDITION Iosi,	, stuting t	he (C)	0 =	************************************	
-	- 11					
OTHER SIG	NIFICANT CONDITIONS	CONTRIBILIT	ING			
E TO THE	DEATH BUT NOT RE	LATED TO	THE			
DISEASE O	R CONDITION CAUSING OF OPERATION 198, CO		R WHICH OPERATION	20A. AUTOPSY3 (Yes	No. No. 208 IF YES WEE	E FINDINGS CONSIDERED
19A. DATE O		RFORMED	A WINCH OF EAGING	4/-2	IN CERTIFYING	AUSES OF DEATH?
X 213 4 5 5 1 1	FAIT MAR HAD FRI WING		210 01 4 05 05 414404/	NO	07: 0.12	
OR CONTRI	ENT WAS UNDERLYING		21 B. PLACE OF INJURY (e.g., i home, lorm, loctary, street, a	lice bldg., INJURY OCCU	R?	nore City, give exact location)
DEATH (not	ily medical examiner)		etc.)			
21 D. TIME	(Month) (Doy) (Yeo	r) (Hour)	TE INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			While At Not Whi	le 🗂		
(APPROX)			Work At Work			
22. 1 certif	fy that (1) (this bospit	el) attende	d the deceased from	1954	19to	2-12-66 19
thot (1) (m	e) lost saw the decea	sed olive o	7/12/66	19 on		pinion death accurred on the do
						,
		olen opgive	. (1) (# did not)	view the body differ dec	arn.	DATE CICHER
23A. SIGNA	. /	0 1	- ALD A	ending - AA-4 -	- Ilot?	23B. DATE SIGNED
40	un: //	2, 14	one hun Phi	ending Med. Director	Stoll Phys.	2/14/66
23C. PHYSIC			1	23D. ADDRESS		
NAME	The second second		M.D.	LIG N T	Λ-	
	njamin B. Mos				erne Ave.	(6:
4A. BURIAL CI REMOVAL	(Specily)	24C	. NAME of CEMETERY or CR	EMAIURY 24	D. LOCATION	(City, town, or county) (State)
Burial	2/15/	66	Baltimore		Baltimore, M	aryland
	D BY HEALTH DEPT.		E OF REGISTRAL	25G. FUNERAL DIRE	CTOR	ADDRESS
E88 1	5 1966 @ 0	78.36	Liber Par	Robert C.	Altenburg	000 11 0 1 7
er college, sab.	- sac astrict				Home, Inc. 6	009 Harford Road

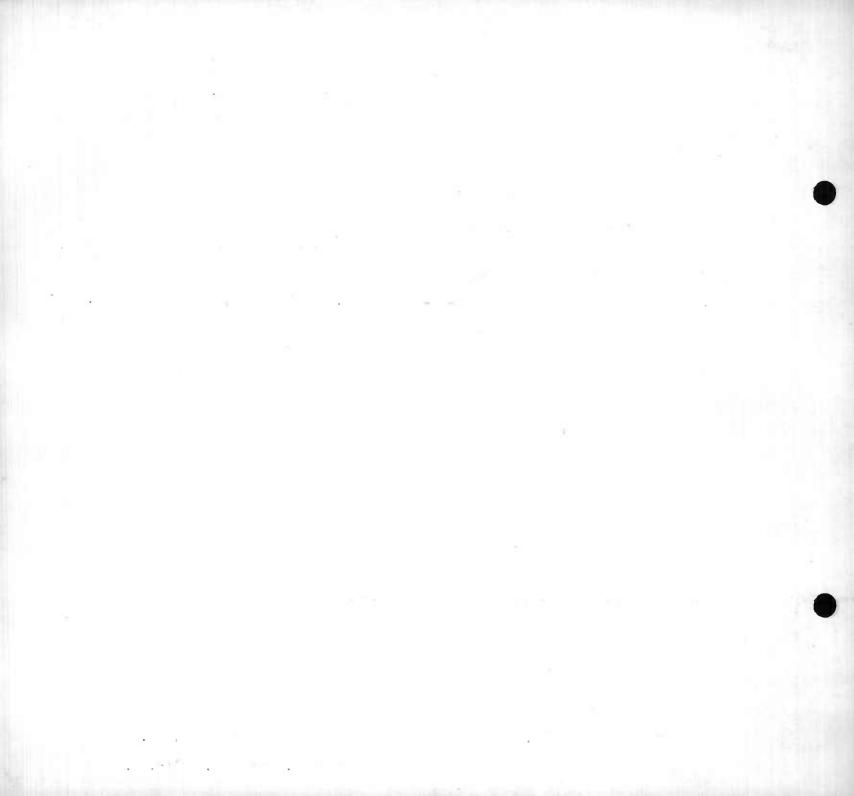


NAME OF DE	CEASED			2. DATE	AND HOUR OF DEAT	Н
ype or Print)	And the second					- · · · · · · · ·
PLACE OF D	Theresa Freun	YLAND		USUAL RESIDENCE (W)		institution: residence before add
				STATE B. COL		1/
FULL NAME	OF (If not in hospital a	or institution, give street		Maryland		0005
INSTITUTION			C.		outside city limits, writ	e RURAL and give town shirp)
03.00			D.	Baltimore STREET ADDRESS	If rural, give location)	
312/ D	udley Avenue				to to to to to to	
SEX	6. RACE	7. MARRIED, NEVER M	APRIED 8 D	3127 Dudley	Avenue	If Under 1 Yr. , If Under
		WIDOWED, DIVORC		4 4	lost birthdoy)	Months Days Hours
emale	White	widowed	OR INDUSTRY 11	6-6-79 BIRTHPLACE (State or fo	86	12, CITIZEN OF
	f working life, even il retired)	IND WIND OF BUSINESS	OK INDUSIKI III.	BIKITIFLE (21016 01 10	reign country)	WHAT COUNTRY?
housewife own home				Germany		U.S.A.
FATHER'S NA			14.	MOTHERS MAIDEN N.	AME	
Freder	ick Schmelzer			(Unknown)		
Was Decease	d Ever in U. S. Armed Ford			INFORMANT		ADDRESS
es, na ar unknov	(II yes, give was or dates	of service) SECUI	RITY NO.			
no		212 10	0 6829D I	Frieda Noll	3129 Dudley	
18. 44	3 XI		CAUSE OF DI	EATH		INTERVAL BETWE
DISE	ASE OR CONDITION DIR	ECTLY	0	0 . 0		Lineal
(This days		A	(A)	many	*********************************	ruca.
	not mean the mode of		DITE TO			
heoit failure	nat mean the mode of , osthenia, etc. It means	the disease,	DUE TO	A	0 0	
heoit failure	, osthenia, etc. It means mplication which coused	the disease,	th	nedway	Cordinmis	Qa/
heoit failure	, osthenia, etc. It means	the disease,	(B) The	pertunos	Cordinmos	Les la
heoil failure injuly of co	osthenia, etc. It means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, deoth.)	(B) the	perturas	Cordinasis	la Ren
heoil failure injury or co DISEASES rise to t	, osthenia, etc. It means mplication which coused ANTECEDENT CAUSES	the disease, deoth.)	(B) the	perturas	Cordinsonis	la yen
heoil failure injury or co DISEASES rise to t	osthenia, etc. It means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a beautiful of the couse (A) if CONDITION last.	the disease, deoth.)	(B) the	perturos	Cordinson	la gen
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Table 1 IMPORTANT

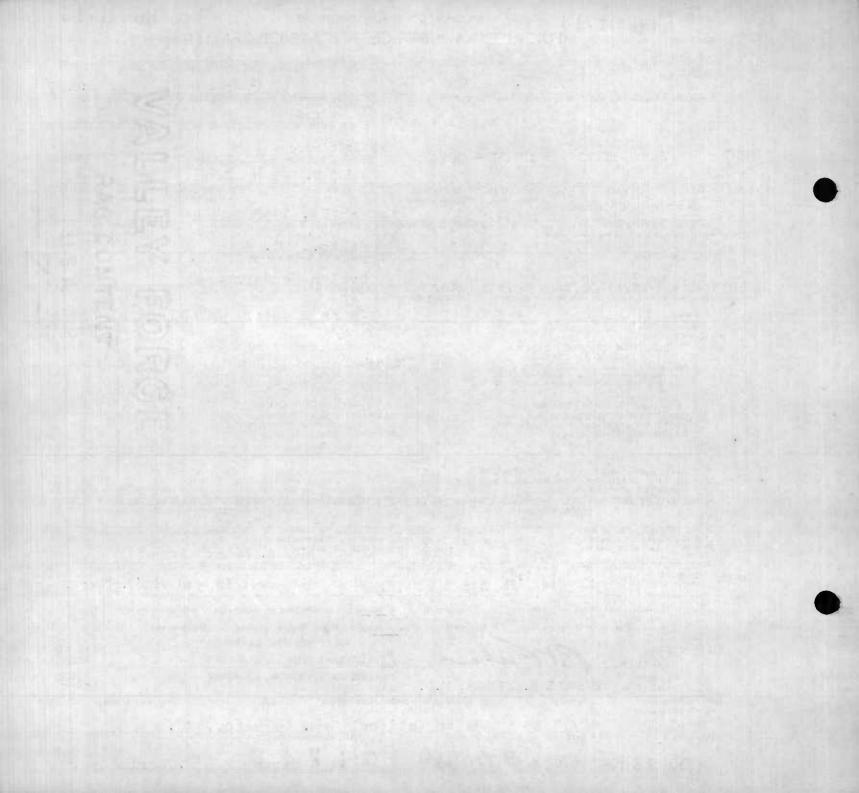
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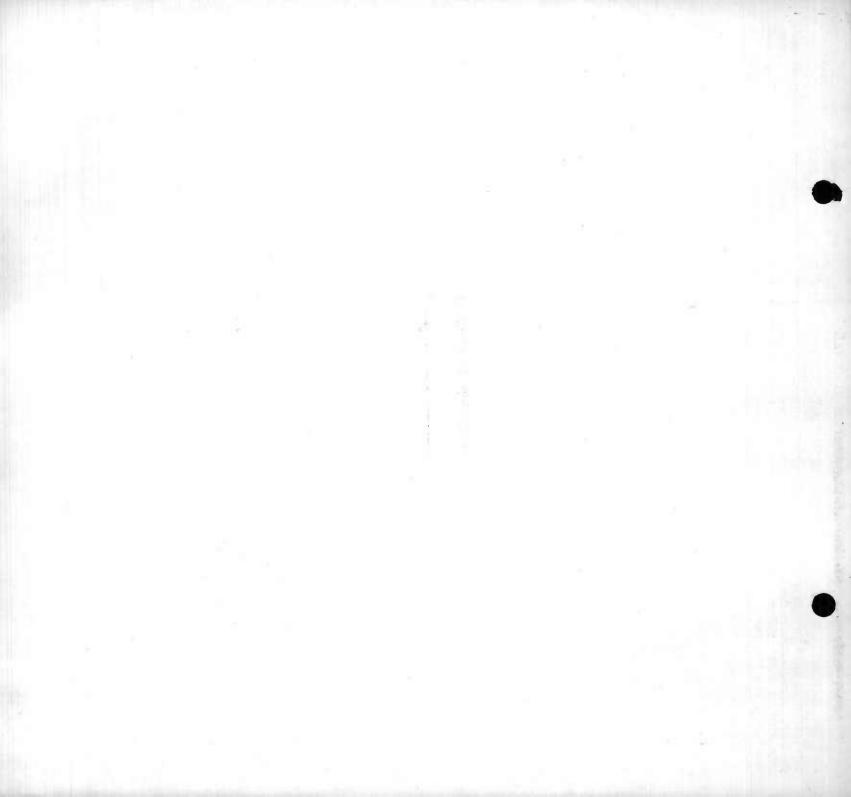
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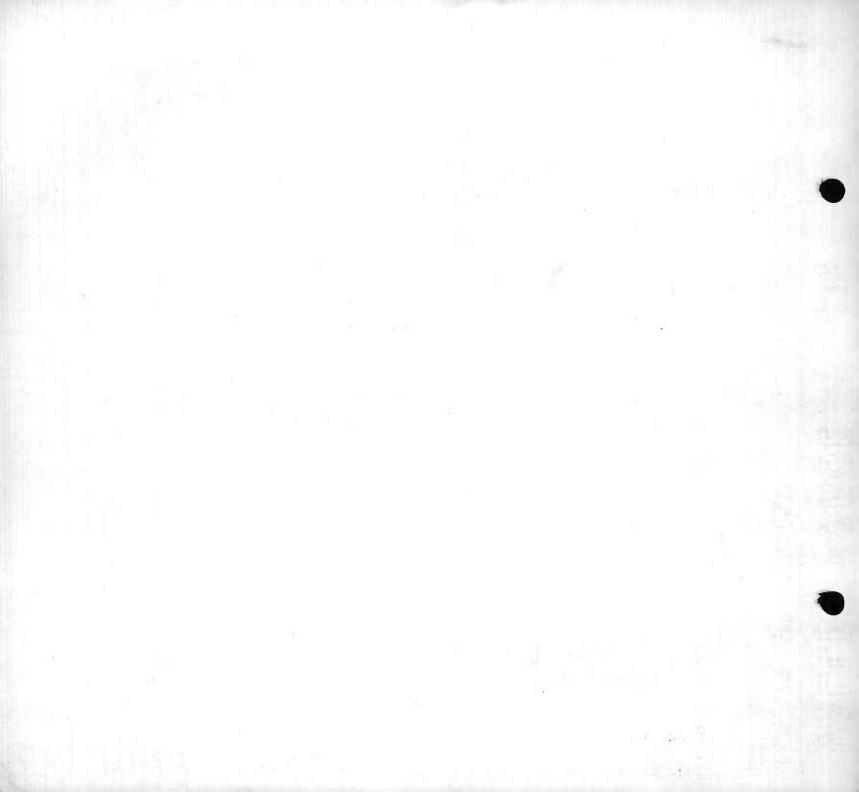


66 01713 BALTIMORE CITY HEALTH DEPARTMENT

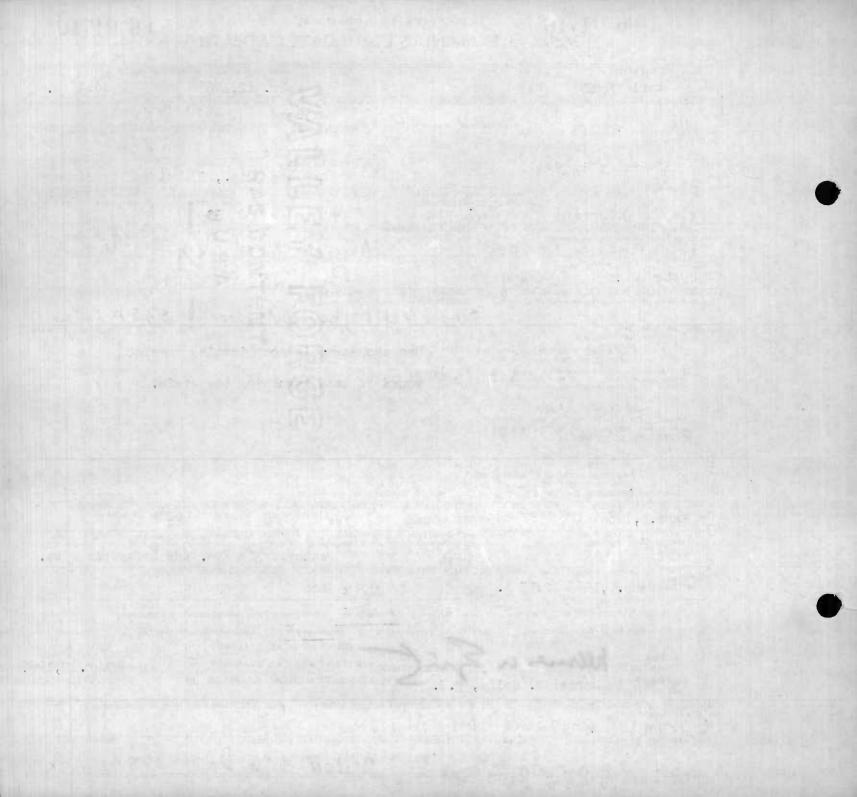
IRTH NO.								
A.E. CASE NO.								
NAME OF DE		GAIL E.	SPENCER	2	2-13-66	JNCED DEAD	3:05 P M	
			ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY				
ULL NAME OF IOSPITAL OR NSTITUTION	(IF NOT IN ADDRESS (HOSPITAL OR II	ASTITUTION, GIVE STREET	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and	give township)	
JOH	HNS HOPKI	NS HOSPIT	AL - DOA	Baltimore D. STREET ADDRESS (If rurol, give locotion) 3103 E. Federal Street				
. SEX	6. RACE	7. MAI	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24				
Female	Female Colored WIDOWED, DIVORCED(specify) Married				1945 lost birthdoys	Months D	oys Hours Min.	
	UPATION (Give ki		D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (St	ote or foreign country)	12. CITIZEN WHAT	OF COUNTRY?	
				Balto.,				
3. FATHER'S NA	ME			14. MOTHER'S MAI	DEN NAME			
	Bullock				Henderson			
	n) (If yes, give wo			17. INFORMANT		ADDRESS		
				James St	pencer 3103	Federal	Street	
1B. F. O	9/ Y		CAUS	E OF DEATH		11	NTERVAL BETWEEN	
DICE	ASE OR CONDITION							
			e.g., (A) Gu	nshot wound	of head			
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t-600	86 1) 1716 BALTIMORE CITY HEAD MEDICAL EXAMINER'S C	LTH DEPARTMENT ERTIFICATE OF DEATH Registered No.
1 000	M.E. CASE NO.	
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	Earl TERRY	Febr. 12,1966 6:35 A. M. [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE Maryland B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside carparate limits, write RURAL and give tawnship)
	INSTITUTION	Baltimore // 0
31	University Hospital	D. STREET ADDRESS (If rural, give lacation)
		Maryland Apts., 39 University Parkway
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
	Male Colored Single	MAY 1933 32
	dane during most of working life, even if retired)	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Pool-RACKET FOOL	Newport News VA U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no ar unknown) (If yes, give war or dotes of service) SECURITY NO.	The last the state of the state
	219-30-7218	Esther Middle ton . 543 W. LANGETTE
	Ta. CAUSI	E OF DEATH INTERVAL SETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Brone	hopneumonia complicating gunshot
	(This does not mean the mode of dying, e.g.,	
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.]	of head involving the brain.
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	UNDERLYING CONDITION LAST.	
	Z (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	Febr. 5, 1966 WAS PERFORME Gunshot wound	Yes IN CERTIFYING CAUSES OF DEATH?
	O UNDERLYING OR CONTRIB- home, farm, factory, street,	in ar about 21C. WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH.	Pennsylvania Ave. and Lafayette Ave.
	21D TIME (Manth) (Doy) (Year) (Haur) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
	(APPROX.) Febr. 5, 1966 12:55 A. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE X Shot
	22. I certify that I held an Inquiry Inspection Au	stapsy 🕱 and that on this basis, death in my opinion
	resulted fram: Natural causes Accident Suicid	
	1 1-	CHIEF MEDICAL EXAMINER
	ACTUAL Allrus h Zai (40	DATE SIGNED Febr. 12, 1966
	SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER
	NAME (Type)	
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY (REMOVAL (Specify)	
	1 2 1 1 NAT 1	UN BAHO. Md.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	26600	al Montoin & DueTI 1701 Laurens
	FER 16 1000 O A D TAIL MA	11101110111

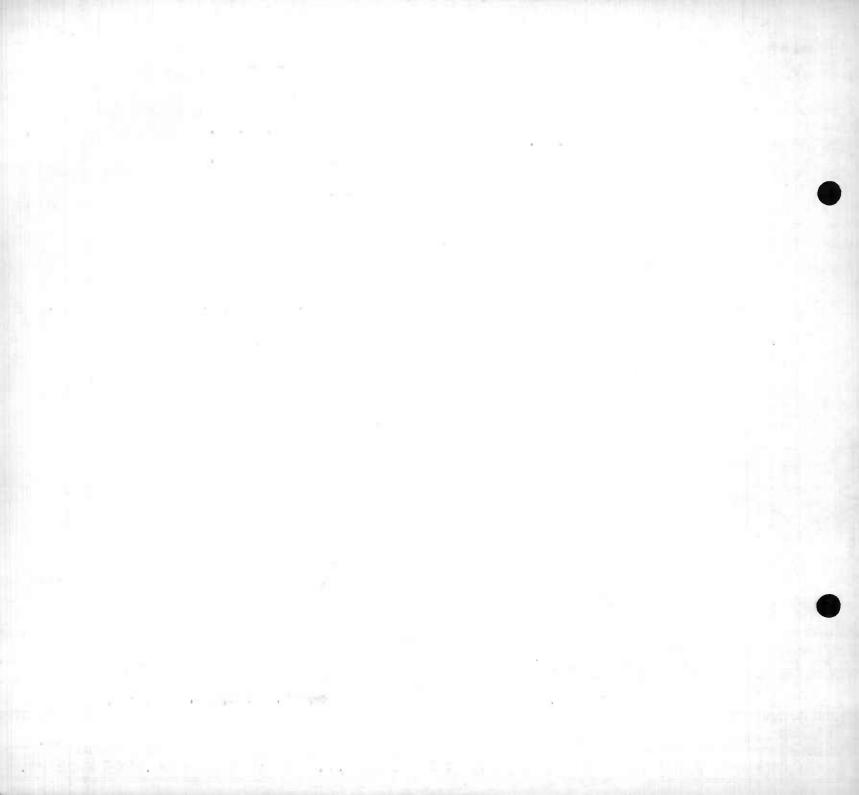


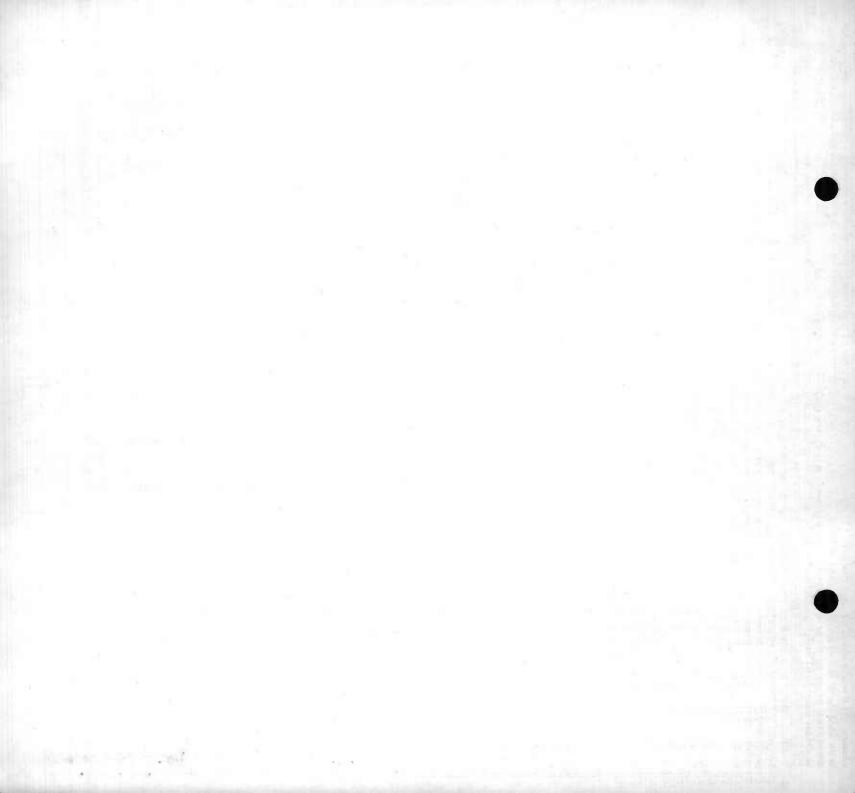
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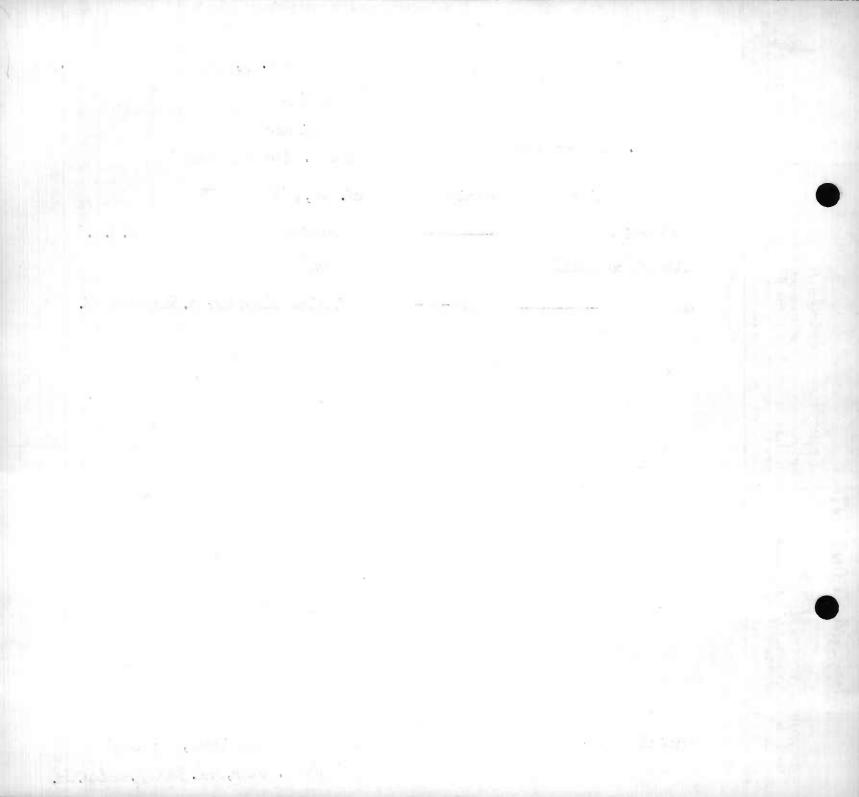
BALTIMORE CITY HEALTH DEPARTMENT

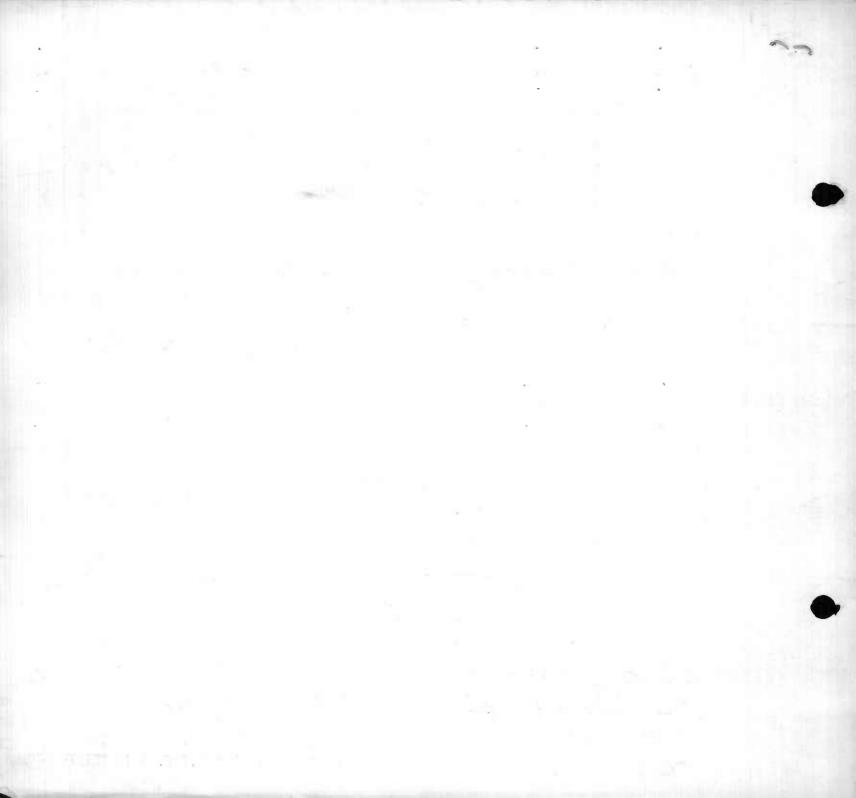
Md.

& Sons Co.4905 York Rd.







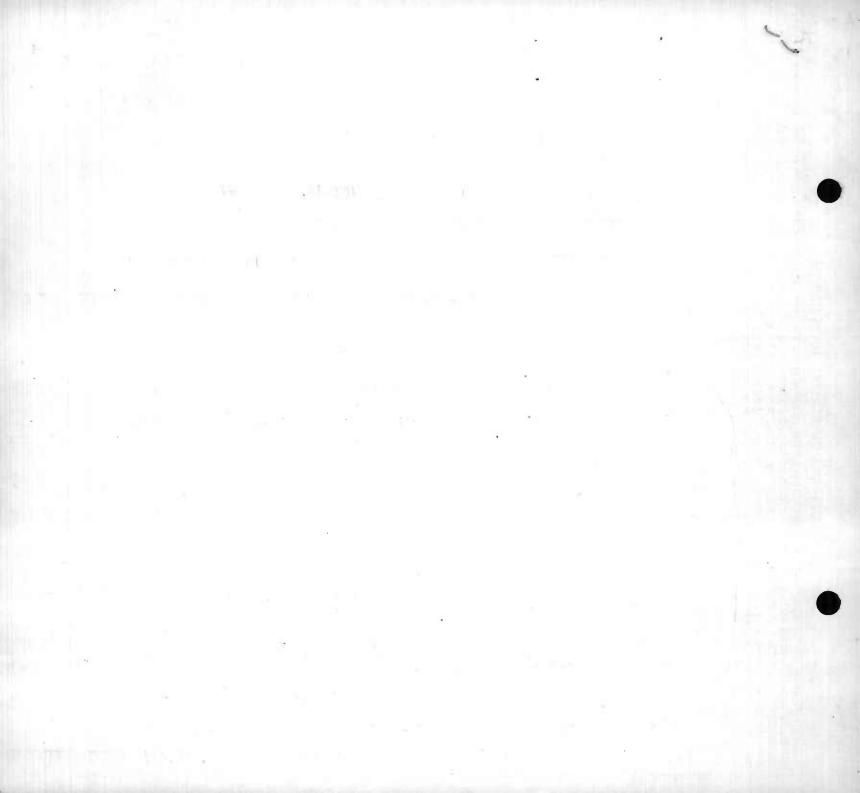


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FUNERAL DIRECTOR:

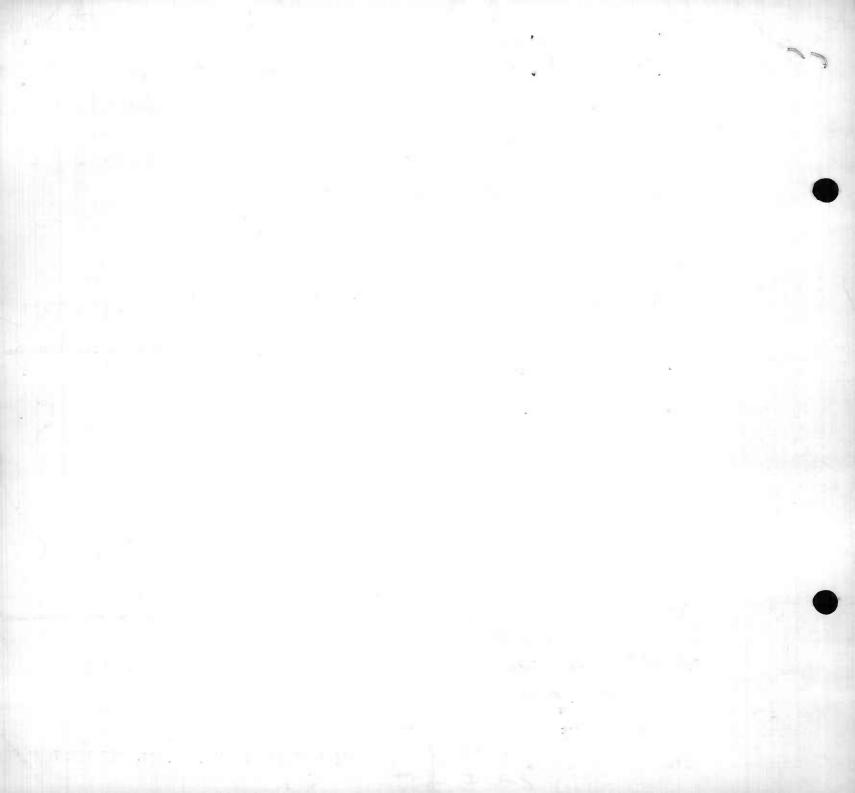
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

	001	1722	BALTIMORE CITY	HEALTH DEPARTMENT	11	00 04500
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered No	-66 01722
I. NAME OF DEC	CEASED (ALPER	OVITZ)		2. DATE	AND HOUR OF DEAT	н
(Type or Print)	LPERVITZ	JUD	AH	.2	112/66	11:45 8
3. PLACE OF -DE	ATH IN BALTIMORE, MA	RHAND		4. USUAL RESIDENCE (W A. STATE B. CO	hero deceased lived. II	institution: iosidenco beforo admissio
FULL NAME (OF (If not in hospital	or institution of	un steat			Model
HOSPITAL OR	address at lacatio		ive shedi	C. CITY OR TOWN (III	autside city limits, write	o RORAL and give township)
		F1.100	NI ANIN			151200
VNII	VERSIT/O	MIN	12100	D. STREET ADDRESS	(If rural, give location)	
			,707/	1718 17.	GLEN	KEITH BIV'D
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Hi Months: Days Hours Min.
MALE	WhiTE	w	DOWED	3/28/97	68	
	UPATION (Give kind of wor working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote of 1		12. CITIZEN OF WHAT COUNTRY?
TRICK	PENT NI	DURY KA	SING AGEN		ECTICUT	VSA.
13. FATHER'S NA	RENTAL	6-00(C)F7	(32000 71027)	14. MOTHER'S MAIDEN N		, _, _,
	- 0 1			7	Al som	
15. Was Docesto	PORRIS HL	UE KUVII	1 6. SOCIAL	17. INFORMANT	ALDERT	ADDRESS
(Yes, no or unknow	n) (II yas, give war or date	es of sorvico)	SECURITY NO.	MR. RICHARD A.	IDEDT GAT A	
489	WWI	ARMY	225-10-1629	MIKE KICHAKU A	LPERT 841 A	LLING ROAD ORANGE CONNECTICU
18. 42	011	/	CAUSE O	FDEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	. 1	(2 2 2 2 2 2 2		airel =1/19-1
(This does	not meon the mode of	dvina. e.a.	DUE TO	10019811117	MITARC	710N 24-72 hr
heort failure,	, osthenio, etc. Il meons	the diseose.				
Injury or con	mplication which coused		181 AS	CID		
	ANTECEDENT CAUSES		DUE TO	W. S.		00 00 00 00 m (
	OR CONDITIONS, if the above couse (A)		(C)			
	G CONDITION lost.			v 0x 40 p4 000 x 0x 00 x x x x x x x x x x x x 0x x x 0 0x x x x x 000 0x		
	DEATH BUT NOT REL					
A DISEASE OR	CONDITION CAUSING	IT.		100 4	N. V. 000 15 1100	
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U 21 A. ACCIDE	ENT WAS UNDERLYING	21 R	PLACE OF INTURY (e.g. in	or about 21C. WHERE DID	(If in Boltim	oro City, give exact location)
OR CONTRIB	UTING CAUSE OF	hom	e, form, factory, stroot, of	fice bldg., INJURY OCCUR	VI III DOMAIN	are City, give exact lacoron
U	y modical examiner)) / A otc.)	/	(A) N.	7	
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?	
(APPROX)	NA	Whi	le At At Work	· n/r	7	, ,
22, I gertify	y that (1) (this haspita	1) attended th	ne deceased from	2/12/	1966 to	2/12/ 1966
) last saw the deceas		_ /	1		pinion death occurred on the de
			7	iew the body after deat		
23A. SIGNAT		ned apave()	/("E) (did) (did Hdi) V	lew the body after deat	n.	23 B. DATE, SIGNED
Lang	101	- 1	M.D. Atto	inding Med.	Stoff .	2/2/11
7 LEG	M. Her	gar	Phy	s. Director	Phys.	41466
PHYSICI,	Typo)	1010		23D. ADDRESS	14030	
		IGAR	M.D.	VALIUERS17	7	
24A. BURIAL CR		24C. NA	ME of CEMETERY OF CRI	MATORY 24D	. LOCATION (City, town, or countyl (Stote)
BURIA		6 ARI	INGTON NATION	IAL CEMETERY	FT. MEYERS	, VIRGINIA
25A. DATE REC'I			& REGISTRAR			
E (85)	1 6 1905 Chalm	T CIVI	THE CHANGE	SOF PRAINSO	N & BROS. INC	.6010 REISTERSTOWN
VS 150-REV. 1/1/	/65					



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	EA	50	90
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	SO	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.
	Sis	NO SE	P.i.
	는수	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	66 11723		HEALTH DEPARTMENT		6 01723
MIRTH NO.		CERTIFICA	TE OF DEATH	Registered No.	
NAME OF DE	CEASED		2. DATE AN	D HOUR OF DEATH	
Type at Print) BIRD	SONG VESS	i/E	I	- 13-66	9:00 A.
S. PLACE OF D	EATH IN BALTIMORE, MARTLAND		A. STATE B. COUN	TY	11
FULL NAME HOSPITAL OF		utian, give street	C. CITY OR TOWN (If outs	D side city limits, write	RURAT and give towaship)
	15011 110012	DD 410 D 4 110	D. STREET ADDRESS (IF)	RE	
LUTT	HERAN HOSP O	" MARYLAND	811 N. A4		4117
5. SEX		RRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hi Manths Days Hours Min.
F	C WID	OWED, DIVORCED (specify)	1-16-99	ast birthday	Months Days Hours Min.
	CUPATION (Give kind of work 108, KIN If working life, even if tetiged)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store of loreig	in countr,	12. CITIZEN OF WHAT COUNTRY?
Hay	se unite		Planth (aralena	,
3. FATHERS NA	AME	1	14. MOTHER'S MAIDEN NAM	A E	
Na	und auen	t	Jennie	Vince	it
	od Ever in U. S. Armed Farces?	1 6. SOCIAL VICE) SECURITY NO.	17. IN ORMANT	- CZ IV.	ADDRESS
			PHISY HARTZ	GRAND DAY	GHTER) SAME
1B. 7	IXI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRECTLY			2	
IThis does	LEADING TO DEATH not mean the made of dying,	e.g., DUE TO	CVA; H	neumone	9
heart failure	, asthenia, etc. It means the dis				
injury of co	implication which caused death.)	1.01			
DISTAGES	ANTECEDENT CAUSES	DUE TO	77 48 400 1-1 000 00 00 00 00 00 00 00 00 00 00 00 0		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	OR CONDITIONS, it any, g he above cause (A) stating				
UNDERLYIN	IG CONDITION last.	0.000.00.000.000		100000000000000000000000000000000000000	0.01.00.000
≥ TO THE	II NIFICANT CONDITIONS CONTRIB DEATH BUT NOT RELATED TO	UTING O THE			
	R CONDITION CAUSING IT. OF OPERATION 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE O	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	218. PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo)	e City, give exoct lacation)
21D. TIME	(Manth) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY		While At Wark Nat While At Wark	e 🗌		
22 1 cartif	y that (1) (this haspital) atten		7 2	9 66 10	2- 13 10 60
) lost saw the deceased alive	9 - /	? !!		Inion death occurred on the d
				TH (MY) (OUT) OP	inion deorn occurred on the d
23A. SIGNAT	nd from the couses stated abo	ve. (II (we) (ala) (ala nor) (new the body offer deoffi.		23B, DATE SIGNED
A.	00' /	M.D. Atte		Staff (sa	9 12 11
23C. PHYSIC	aris Grugar	da Phy	s. Director 23D. ADDRESS	Phys. LCI	2-15-66
NAME	(Type)	A n (M.D.		11000	06 111 10 111 1 1 1
24A. BURIAL CE	REMATION, 124B, DATE 12	4C. NAME of CEMETERY OF CR	LUTHERAN PAD IS	CATION (C	ily, town, or county) (State)
REMOVAL		med Mille	De B	ont.	n
Sure 25A, DATE REC'	DAY HEALTH DEPT 1350 AL	AAAE OE REGISTRAR	25C FUNERAL DIRECTOR	allyma	ADDRESS
FER 1	6 1966 Q.C. S.E.	Fallenta 0 0	25C. FUNERAL DIRECTOR	2 Aftino.	20 may 18 7/12
/S 150-REV. 1/1		7	wungen	Mittered	1/2/1/- Nous
- DV- NL Y1 1/1					

1 12 73 Harrie wife. Blight arent Landon Viles of

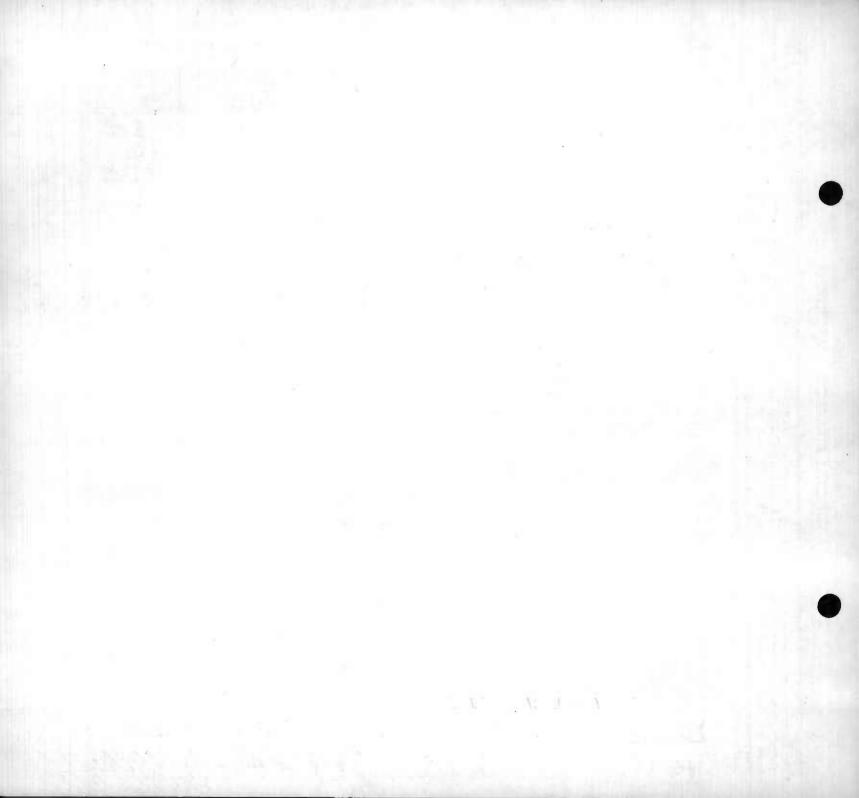
(Type or Pr	DF DECEASED T,	amagan Sa.		AND HOUR OF DEAT	
3. PLACE	Raymond Th	ARYLAND	4. USUAL RESIDENCE	VLZ-66 Whore deceased lived, If	institution: residence before admiss
			A. STATE B. CO	YTAUC	
FULL N	AME OF (If nat in hospital	l or institution, give street	Maryland	0	7_0,
INSTITU	TION	011/	C. CITY OR TOWN	f outside city limits, writ	e RURAL odd give township)
2			Baltimore	at 1 a a	
m1			D. STREET ADDRESS		
The	Johns Hopkins			rst Street	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mir
Male	Negro	Married	8-25-25	40	
	L OCCUPATION (Give kind of we most of working life, even if retired	ork 108. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during	most of working life, even if refired		110001		WHAT COUNTRY!
13. FATHE	RS NAME		14. MOTHER'S MAIDEN	NAME	
MINE	2. 6		THE PROPERTY OF THE PARTY OF TH	1101/116	
	Untua	wa	Arizona Ho	ward	
15. Was D	eceased Ever in U. S. Armed Funknown) (If yes, give wer er de	orcos? 16. SOCIAL	17. INFORMANT		ADDRESS
11 03,110 011	unknown/iir yes, give wor or or	- G 53		o m 10	San San
Ve	Sww			Mo Has	mpean min
18. 4	2011-		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION D				
/Thie		2. (A) D.L.	ffuse C e rebra	1 Damage	5 days
hearl	daes not mean the mode of foilure, asthenio, etc. It mean	is the disease,			
injury	or camplication which cause		rohmal Ameria		E do
	ANTECEDENT CAUS	S ELL S DUE TO	rebral Anoxia		5 days
DISEA	ASES OR CONDITIONS, if	any gives			
	In the above couse (A ERLYING CONDITION last.		rdiac Arrest		5 days
UND	EKLTING CUNDITION IGSI,	Enlyocar	dial infarcti	on, HASCVD	
Z	11	3 6			VENO
2 10	R SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE	LATED TO THE			TEARS
	ASE OR CONDITION CAUSING	IT	20A. AUTOPSY? (Yes o	. Nall 208 to see	CALCULATION OF THE PARTY OF THE
L 40	WAS PI	NDITION FOR WHICH OPERATION		IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
	-11-66 Tr	acheostomy-airway	Y YES	NO	61.
0.0 04	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	home, lorm, foctory, stree	g., in or obout 21 C. WHERE DI office bldg., INJURY OCCU	R? (If in Boltim	nore City, give exect lecetion)
T DEATI	H (notify medical examiner)	etc.)			
□ 21 D. T	IME (Month) (Doy) (Yeo	HOUR 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
W OF IN		While At Not	While		
		Work L At V	2-9	19 66 ta	2-12 10 66
		XX attended the deceased fram			
that ((I)XX) last saw the decea	sed alive an 2-12	19 66 an	d that in (my) 1555) a	pinion death accurred an the
and h	aur and from the causes st	ated abave. (I) (**********************************	t) view the bady after dec	ith.	
	IGNATURE			/	23B DATE SIGNED
	Sala . TIL	D O (M.D.	Attending Med.	Staff Staff	2-14-66
22.5	HYSICIANS)	ruce	Phys. Director	Phys. LY	a 14-66
23C.P	HYSICIAN'S		23D. ADDRESS		
	Edgar W. Hu	11 ~	The Johns	Hopkins Hos	spital
24A. BURI	AL CREMATION, 248. DATE				(City, town, or county) (Sto
REAM	OVAL (Specify)	11 Bart -	· Vation	But.	n m
Che	real WIII	166 1- alleman	(Janona	Layer	nach In
		000 MANAGE OR	Toco process		400000
25A. DAT	E REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C FUNERAL DIREC	101	ADDRESS

The che thicken There is no I represent to having it was a second Bound in the will

BIRTH NO.	MEDI	CALE	AMINER 3 CE	KIIFICA	IE OF L	EAIH Registe	red Na		
M.E. CASE NO.					2. DATE AND	HOUR PRONOUNCE	ED DEAD		
(Type or Print)	EVELYN		BLUME		Februa	ary 11, 196	6	1:20	Α
HOSPITAL OR ADDRI	T IN HOSPITA	AL OR INSTITUTION)	JNCED DEAD	C. CITY OR TO	yland yland wn (If outside timore	corporate limits, write	tution: resid		
Union Memor	ial Hos	spital				View Road			
5. SEX 6. RACE Female Whit		Sina	DIVORCED (specify)	June 27, 1	914	9. AGE (In years last birthday) 51	Manths	1 Yr. If Unde Days Haurs	Min.
to A. USUAL OCCUPATION (G done during most of working lile, a Secretary 13. FATHER'S NAME			Lectric Co.	Maryland	l	country)	USA CITIZI	T COUNTRY?	
Charles H.	Blume				ta Borne	man			
15. WAS DECEASED EVER IN (Yas, no prunknown), (If yes, giv	U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
No None			217-26-7302	Family n	records		E.		
DISEASES OR COND RISE TO THE ABOVE O UNDERLYING COND OTHER SIGNIFICANT O	ENT CAUSE: ITIONS, IF AI CAUSE (A) ST TION LAST.	S NY, GIVING ATING THE	(C)	n and Bar	biturat	e Intoxicat	ion.		
TO THE DEATH BE DISEASE OF CONDITION 19A, DATE OF OPERATION	ON CAUSING	IT.		20A, AUTOPSY	? (Yes or No) 2	OB. IF YES, WERE FIN	IDINGS C	ON SIDERED	**********
	WAS PERF	ORMED		Yes		N CERTIFYING CAUS		ATH?	es
UNDERLYING CONTUING CAUSE OF DEA	RIB-	21 B. hama etc.)	PLACE OF INJURY (e.g., i , farm, factory, street, al Home			in Boltimore City, giv	re exact la	cotion)	
OF INJURY	(Doy) (Year)		TE. INJURY OCCURRED		I DE INJUI		J 11		
22. I certify that I	8 '66	P m. V				doriden an			2.
resulted fram:			ccident Suicide			basis, death in m ndetermined manne			
ACTUAL SIGNATURE	Oh	arles s	Lety M.D.		EDICAL EXA	AMINER [DATE SIG 2/11/6	
EXAMINER'S NAME (Type)	Charles	s S. Pet	tty, M.D.	ASSOCIATE M	EDICAL EX	AMINER		2/11/0	
23A. BURIAL CREMATION, REMOVAL (Specify)	23B. DATE	23	C. NAME of CEMETERY of	CREMATORY	23 D. LO	CATION (City,	town, ar c	aunty) ((Stote)
Burial 24A. DATE REC'D BY HEALTH		3. 1966 (hestnut Grove	24C. FUNER	We DIVERIOR	ksonville,			1.
FEB 16 19	366 QL	3.502.	starkents ,	John	Burns	Sons, Towson	n, Ma	ryland	
VS 151-REV. 1/1/65	9 4	70	~ ~ ~		A TOP				

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	0 0 1140	BALTIMORE CI	TY HEALTH DEPARTMENT		
BIRTH NO. 65-27/246	6 111/2	CERTIFIC	ATE OF DEATH	Registered Na.	66 01726
M.E. CASE NO.	10		2. DATE A	ND HOUR OF DEATH	
Type or Print) AWEN	, Norw	ia Jean	fel	14,1966	140
PLACE OF DEATH IN BAL					itution: residence before admissi
FULL NAME OF (If no HOSPITAL OR oddre	t in hospital or ins	stitution, give sheet - HOSQIIAL	Mary a	NTY Side city limits, write RU	7-10
3320 x C	1 1100	Tod	D. STREET ADDRESS (If	rural, give location)	
33= 400	rraen	-181.	523 BEA	MUSKL K	
SEX C		MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION (Girlone during most-ol working lile, e		KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of fore		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		1 0	14. MOTHER'S MAIDEN NA	ME 🗥	
Mil	lam of	+. Wooden	BREHD	A Olle	(rs)
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, give		service) 1 6. SOCIAL SECURITY NO.	Mw. Lavera	· Devens	523 Berunia
18. 05 3 4	1	CAUSE	OF DEATH	00, 100	INTERVAL BETWEEN
DISEASE OR CON	DITION DIRECT				ONSET AND DEATH
LEADING	•		ever, out	ENTRI	(100-
(This does not mean th			Edeil		
heart failure, osthenia, e		dianana			
injury or complication w	nich caused deal	lh.)	se plicemi		
ANTECEDE	IT CAUSES	(B)	26 Wrosmic	<u> </u>	
		DUE TO	3		
DISEASES OR CONDI				8 6	
rise to the above		my me (C)			
O THER SIGNIFICANT CO	NOT RELATED				
		ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE FIL	NDINGS CONSIDERED
19A. DATE OF OPERATION	WAS PERFORM		1 28	IN CERTIFYING CAUS	SES PE DEATH
E N			1		70)
OR CONTRIBUTING CA	USE OF	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Bottimore (City, give exact location)
D 21 D. TIME (Month) (Doy) (Year) (He	our 21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY		While At Not W	/hile		
(APPROX)		Work At We			
22. I certify that (IK (th	is hospital) at	tended the deceased from	330 am felo, 11	1966 10 1400	2m Coly 11 10 CG
/					
that (I) (we) lost sow t	he deceased al	ive an	19and tl	nat in (my) (aur) aplni	an death accurred an the o
and haur and from the	auses stated a	baye, (I) (We) (did) (did not) view the body after death.		
23A. SIGNATURE		77 (77 (3.57 (3.53 110)	, , 553, 41101 4501116		23B. DATE SIGNED
M II O	alleral D.	17	Attending 500 AAAd -	Stoff	CON STATE SIGNED
Who from 1.	more and	M.D.	Attending Med. Phys. Director	Phys.	
23C. PHYSICIAMS NAME (Type) HO	10MRsen	M 42024	D. UNION MET	MORIAL I	2020
DR. A	BDUL-HA	MED MAHSOOB	5.		11.2.1
24A. BURIAL CREMATION, 2.	2/14/66	Mt auburn	Cemetery H	stockt B	alternas) In
25A. DATE REC'D BY HEALTH	DEPT. 25B.	NAME OF REGISTRAR	26C. FUNERAL DIPECTO	2/1/1/20	1 Me March
图 16 1966	OP F	E STORING TO	The state of the s	The source	MITWALLE
/S 150-REV. 1/1/65			- 7 - 1	With	in a Mul.

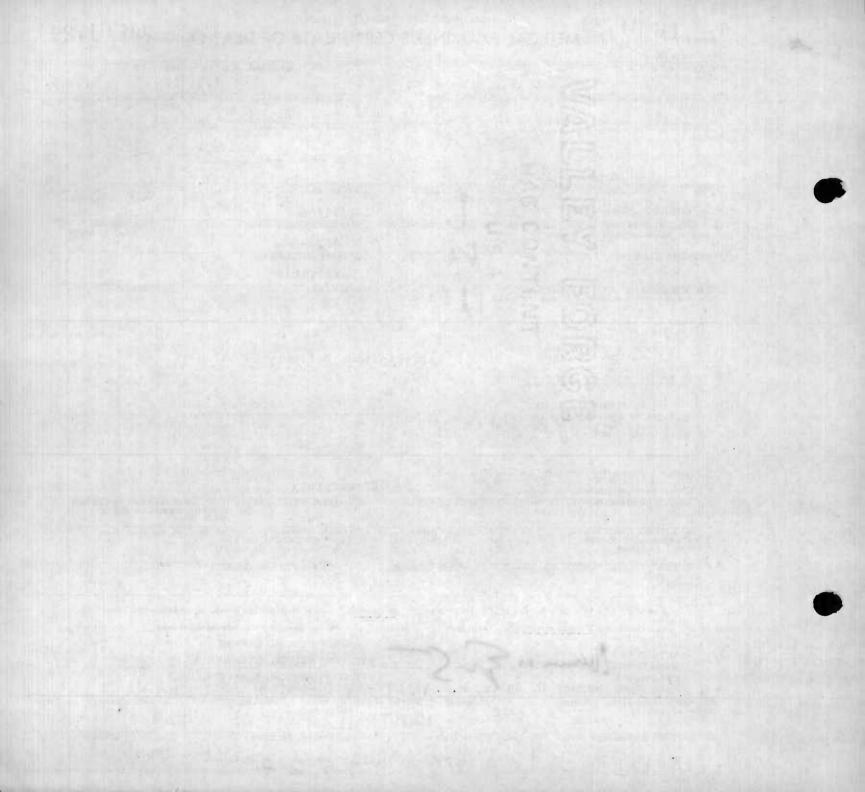


DALTIMODE	CITY HEALT	H DEPARTMENT

08	11	a	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered N
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BIR	TH NO.66	01729 MED		AMINER'S CI			EATH Registe	red RS	01729
<u> </u>	E CASE NO.								
1. I Ty	Pe or Print)		0:1	ml		2. DATE AND	HOUR PRONOUNC	ED DEAD	9:04 p.
		Baby	Girl	Thompson			1/31/66		_ M.
3. 1	PLACE IN BALI	MORE, MARYLAND,	WHERE PRONOU	NCED DEAD	A. STATE		B. COL	INTY	denco before odmission)
FU	LL NAME OF	IIF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	C CITY OF TOY	Maryland	a corporate limits, write	PILDAL	and give township)
	SPITAL OR	ADDRESS OR LOC	A IION)		C. CITI OK 101		2	A CORAL O	/
_							ltimore O	0)	6
3		II1-i II			D. STREET ADDI	KESS (If rurol, gi	(ve locotion)		
5. 5	. Pu	Hopkins H		ALEXANDRA ALEXANDRA	B. DATE OF BIRTI	1508 Box		Tical	- 1 × 1/ 11 0/ 1/
5. :		6. RACE	WIDOWED, D	NEVER MARRIED DIVORCED (specify)	S. DATE OF SIKIT	н	9. AGE (In years lost birthdoy)		Doys Hours Min.
	female	colored			1/31/6				1
		JPATION (Give kind of wo		BUSINESS OR INDUSTRY			country)	12. CITIZ	EN OF AT COUNTRY?
401	o doning most of s	Total of the state of total of			Maryl	and			
13.	FATHER'S NAM	E			14. MOTHER'S M	AIDEN NAME			
					Patr	icia			
		D EVER IN U.S. ARME		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	S
re	s, no or unknown	Ilf yes, givo wor or do	nes of service	SECORITI NO.					
\vdash	18.			ZZILAO	OF DEATH				INTERVAL BETWEEN
	75	/ 15 1		CAUSE	OF DEATH				ONSET AND DEATH
	DISEAS	E OR CONDITION DEAT	DIRECTLY	Dwaada	thous dol	1			
	(This doos n	of mean the made	of dying e.g.,	DUE TO	itous del	rvery			
	he ort foilure,	osthenio, etc. It moor application which coused	ns the diseose, d deoth.)						
								100	
	The state of the s	NTECENDENT CAUS		(8)					••••••••
	RISE TO THE	E ABOVE CAUSE (A)	STATING THE	DOF 10					
7	UNDERLIN	IG CONDITION LAST	•	(C)				************	• • • • • • • • • • • • • • • • • • • •
ō		ll							
CERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT R	RELATED TO TH	10	Prematuri	tv		E 14	
RTI	19A. DATE OF	OPERATION IN CO		VHICH OPERATION			B. IF YES, WERE FI	NDINGS C	ONSIDERED
C	2		RFORMED	The state of the s	уе	IN	CERTIFYING CAU		
A	21 A. EXTERNAL	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,				ve exoct l	ocotion)
EDICA	UNDERLYING UTING CAU		home, etc.)	form, foctory, stroot, o	office bldg., INJURY	OCCUR?			
Σ	21 D TIME OF INJURY	(Month) (Doy) (Ye	or) (Hour) 2	E. INJURY OCCURRED	21 F. H.	OW DID INJUR	Y OCCUR?		
	(APPROX.)		m. W		WHILE				
	22.		m.jv	[]				100	
	I cert	ify that I held an	Inquiry	Inspection Aut	apsy X and	d that an this	basis, death In n	ny apinla	n
	resul	ted fram: Natural c	auses X A	coldent Sulcide	e Hamici	de Un	determined mann	er _	
		1		7	CHIEF M	EDICAL EXA	MINER		DATE SIGNED
	SIGNAT		115	a C un	ASSISTANT M	EDICAL EXA	MINER X		DATE STORED
	EXAMIN NAME (ER'S	U. Spikz		ASSOCIATE M			2/1	/66
23/	A. BURIAL CREA				CREMATORY	23D. LO	CATION (City,	, town, or	county) (Stote)
	MOVAL (Specify		4 1998	UNIVE	RSITY I	MEDICA	L SCHOO	L	
24	A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER.	AL DIRECTOR	allon D	CHD	ADDRESS
			10 %	A	1 1 2 2 2 3 3 3 5	1 6 - D	VIII H . K	AL ARREST	

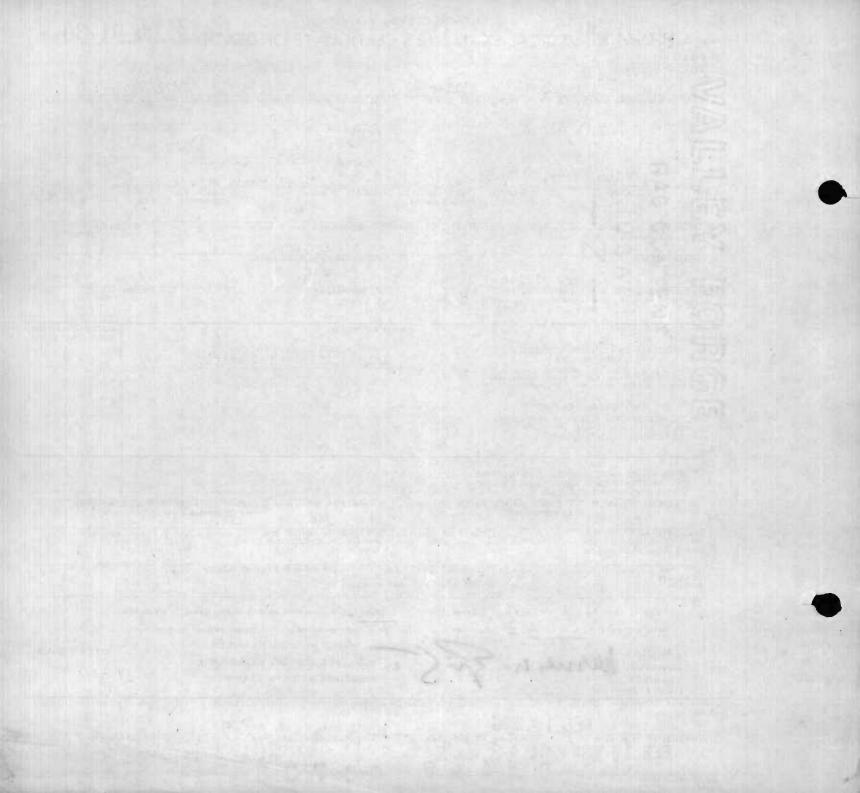
FEB 15 VS 151-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT					
	BALTIMODE	CITY L	JEALTH	DEDA	DIMARKIT

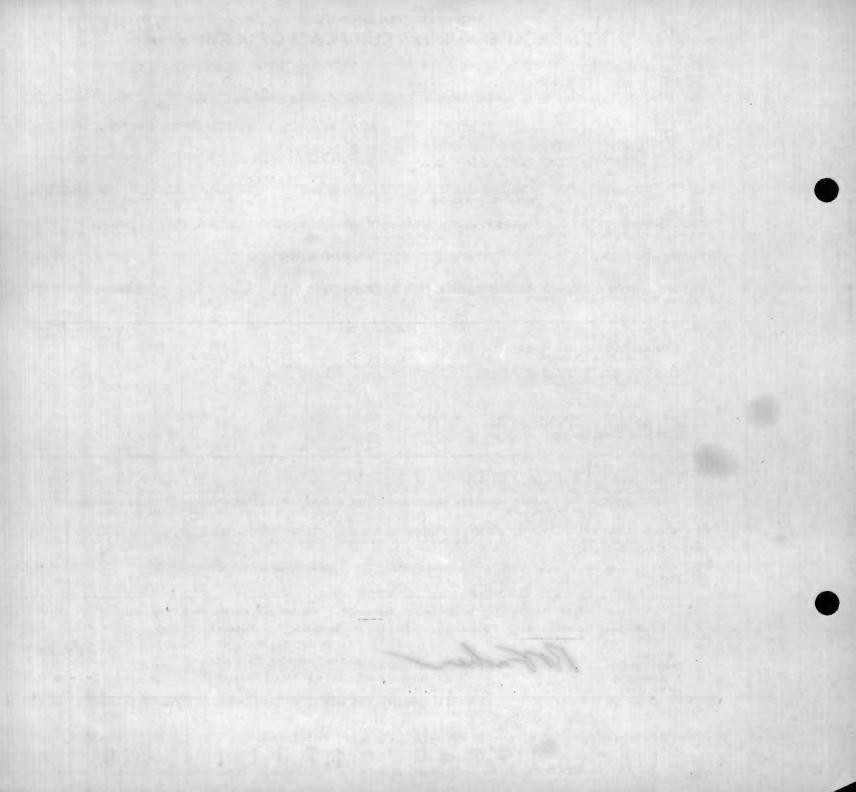
-	000 01721	BALTIMORE CITY HEALTH DEPARTMENT	676 131 1717
	BIRTH NO. Baltile, THE MEDICAL E	XAMINER'S CERTIFICATE OF DEATH	egistered No.

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR PRONOUNC	ED DEAD
Bradford	Miller		1/2	2/66 17:50 p. M. litution: residence before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM	OUNCED DEAD	4. USUAL RESIDENCE (Whe A. STATE Maryland	B. COL	litution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTANCE) ADDRESS OR LOCATION)	TITUTION, GIVE STREET	2		e RURAL and give township)
INSTITUTION		Baltimore	1)	-0)
		D. STREET ADDRESS (If for		
Union Memorial Hos	spital	2201 Pine	wood Ave.	
	D, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
IOA. USUAL OCCUPATION (Give kind of work) OB. KIND	OF BUSINESS OR INDUSTR		eign country)	12. CITIZEN OF
done during most of working life, even if retired)			- g.,,	WHAT COUNTRY?
13. FATHER'S NAME		Mary Land	MF	
2				
Gary Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16, SO CIAL	Judith 17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service		TO THE OWN AND THE		ADDRESS.
1B. X	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH (This does not meen the mode of dying, e.		Interstitial pne	umonitis	
heart foilure, asthenia, etc. It means the diseas injury or complication which caused death.)	DUE TO			
ANTECENDENT CAUSES	(B)			######################################
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH				
UNDERLYING CONDITION LAST.	(C)			
2				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR				
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED		yes	IN CERTIFYING CAU	SES OF DEATH?
O UNDERLYING OR CONTRIB-	B. PLACE OF INJURY (e.g., ime, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, gi	ve exoct locotion)
7		015 110111 015 111	LILLAY O COLLAR	
OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
	WHILE AT NOT	WHILE O		
22. I certify that I held an Inquiry	Inspection A	stapsy and that an i	this basis, death in n	my apinlan
resulted fram: Natural causes X	Accident Suicid		Undetermined manne	
		CHIEF MEDICAL I		harmel
ACTUAL JARRE	5/./-			DATE SIGNED
SIGNATURE WALL		ASSISTANT MEDICAL		7/22/66
EXAMINER'S Werner U. Spi	tz, M. D.	ASSOCIATE MEDICAL	EXAMINER	1/23/66
23A, BURIAL CREMATION, 23B. DATE	23C, NAME OF CEMETERY		LOCATION (City	town, or county) (State)
FEB 14 198		HMHVERCITY	SEDICAL C	CHOOL
24A. DATE REC'D BY HEALTH DEPT. 24B. NAM	AE OF BEGISTRAR	24C. FUNERAL DIRECTO	OR A	ADDRESS
EEB 1.6 1966 @ 1 . 5	E daller M	MORT	UARY SEN	VICE - DOILD
VS 151-REV. 1/1/65	V V V	11 10		



66, 11,731,...

1. NAME OF DE	CEASED				To a very	ALDIAN BUDGET	PR DE C	
(Type or Print)		0370.0	000		2. DATE AND HOUR PRONOUNCED DEAD			1 50 5
ALFONSO COOKS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A. USUAL PECIF	2-6-66			4:50 P.N
	THE THREE PARTY OF THE	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi						
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	Mayrland C. CITY OR TOWN (If outside corposete limits, write RURAL and give township)						
иоптитем				Baltimore 774				
	JOHNS HOPKINS	HOSPIT	AL - DOA	D. STREET ADDRESS (If rurol, give location)				
				919 N. Broadway				
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 H				
Male Colored		WIDOWED, DIVORCED(specify)		8			h 1	s Hours Min
	CUPATION (Give kind of work working life, even if retired)	10B. KIND OI	BUSINESS OR INDUSTR	Y11. BIRTHPLACE	(State or foreign	12. CITIZEN C	OF OUNTRY?	
3. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAME			
Abase				Louis				
5. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
	n) (If yes, give wor or dote		SECURITY NO.					
110								
18.	2 X 1		CAUS	OF DEATH				ERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY		m	24			
(This does	LEADING TO DEATH		(A) Acu	te inters	titial pr	neumonitis		
heon foilur	e, osthenio, etc. It meons omplication which caused	the diseose,	0010					
,	The second secon							
	ANTECENDENT CAUSE		(B)					
	OR CONDITIONS, IF A		DUE TO					
	ING CONDITION LAST.		(C)					
<u> </u>	11		1 47 / 11000 111111111111111111111111111111					
O THE	ONIFICANT CONDITIONS	LATED TO T						
19A, DATE O	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	r? (Yes or Nol 20	B. IF YES, WERE F	INDINGS CONS	IDERED
2	WAS PER!			Yes		CERTIFYING CAU		
21 A. EXTERN	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID (If	Yes	ive exoct locotio	n)
	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJUR	Y OCCUR?			
Z 21 D TIME	(Month) (Doyl (Year	l (Hourl 2	1E. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?		
OF INJURY				WHILE				
22.			VORK AT V					
	rtify that I held on I	nquiry 🗌	Inspection Au	topsy X on	d that on this	bosis, deoth in	my opinion	
resu	Ited from: Natural cou	uses X A	ccident Suicio	le Homici	ide Un	determined mann	er 🗌	
			,		EDICAL EXA		_	
ACTUA		The	his-	ASSISTANT M			D	ATE SIGNED
SIGNA		11 101	M. D	ASSOCIATE M				2-7-66
NAME	(Type) RUSSEL	L S. FI	SHER, M.D.	ASSOCIATEN	ALDICAL LAA	IMITER _		2-7-00
23 A. BURIAL CR REMOVAL (Speci		A 4000	C. NAME OF CEMETERY	CREMATORY	A 23D. LO	CATION	town, or count	yl (Stote)
	LED T	- 1460	TIALLET	COCETAL	BEFTISE.	R COTTO	0.4	
MA DATE DECLE	DEV HEALTH DERT	WOLD BLASS	OF DECISTRA	2 DAC ELEVIOR	AL DIDECTOR	The state of the s	APRI	2230
24A. DATE REC'I	BY HEALTH DEPT.	24B, NAME	OF REGISTRA	24C. FUNER	AL DIRECTOR	L SUNU	D CUID	RESS
EEB 1	6 1966 Q.J.	24B. NAME	Buy (2)	MORTU	AL DIRECTOR	ERVICE -	BCHD	RESS



VS 150-REV. 1/1/65

BIRTH NO.		C200		Y HEALTH DEPARTMENT	Registered Na.	0900		
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	CEASED Annie M.	Ayton	CERTIFICA		AND HOUR OF DEATH	17:30 4.		
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission A. STATE B. COUNTY Md. Baltimore C. CITY OR TOWN (II outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 311.7 Keswick Rd.				
HOSPITAL OR INSTITUTION	oddress or locotion 3147 Keswa	n) Lek Rd.						
	Baltimore							
F.	6. RACE	WIDOW	D, NEVER MARRIED ED, DIVORCED (specily) Widowed	2-15-1877	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) Housewife Home				Y 11. BIRTHPLACE (Stote or f	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NA	ME ••••••••••••••••••••••••••••••••••••	John	Addison Ray	14. MOTHERS MAIDEN N	(Unknown)			
S. Was Decease Yes, no or unknow	d Ever in U. S. Armed Fo n) (If yes, give wor or date	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Mamie Ayton Same as #4				
(This does heart failure injury or ca DISEASES rise to the UN DERLYIN	SE OR CONDITION DI LEADING TO DEATH not mean the made of asthenia, etc. Il means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION fast. IIIFICANT CONDITIONS (CAUSE) DEATH BUT NOT REL.	dying, e.g. the diseas death.) any, givin stating the	(A) (L) DUE TO (B) DUE TO 9 e (C)	Terroclerot,	***************************************			
A DISEASE OF	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	he	B. PLACE OF INJURY (e.g., ome, form, foctory, street, c.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work								
that (I) (wa	Tast saw the deceased from the causes sta	ed alive an				inian death accurred an the da		
23C. PHYSICI NAME EDW	PRD L.	GLA	SSMAN M.D	1 - 7 / 0 -	Stoff Phys. []	32/12/66 Balta. Mc		
Buria.	2-15-6	5	McKendree	Tenant I	West Friends	ship, Md. (Stote)		
FEB	1 6 1966 (P.)	25B. NAME	OF REGISTRAR	Francis H	%_	Laytonsville, Md.		

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3117 Homelok Hu.

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2-15-1877

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(venumino) to the party resident and described the control of the

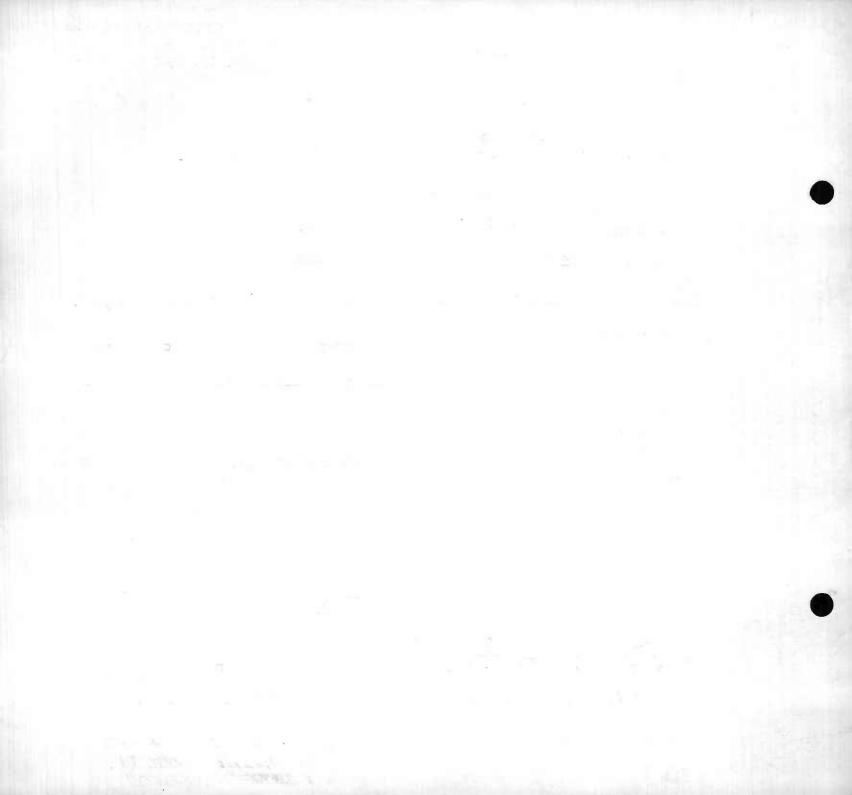
Prop Name of Colors Care as for

Home

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IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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Landon Marie Fel or 1966 Experience Informations for T4-13 TO 36 A TOTAL POR LESS AND THE PROPERTY OF THE PARTY OF THE PAR

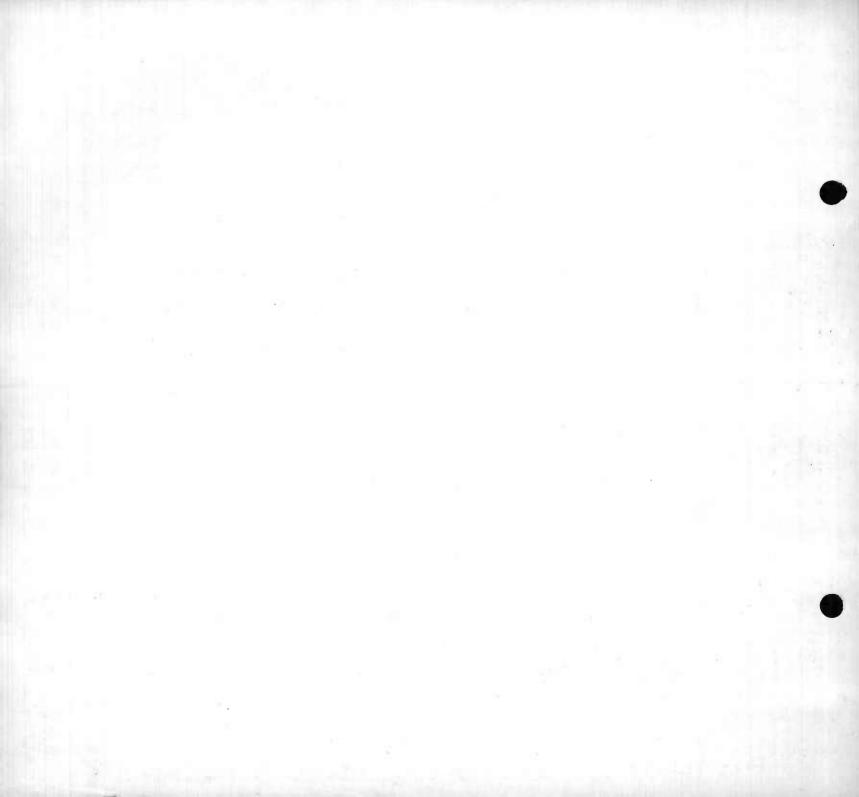
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death IMPORTANT FUNERAL DIRECTOR:

a hospital and

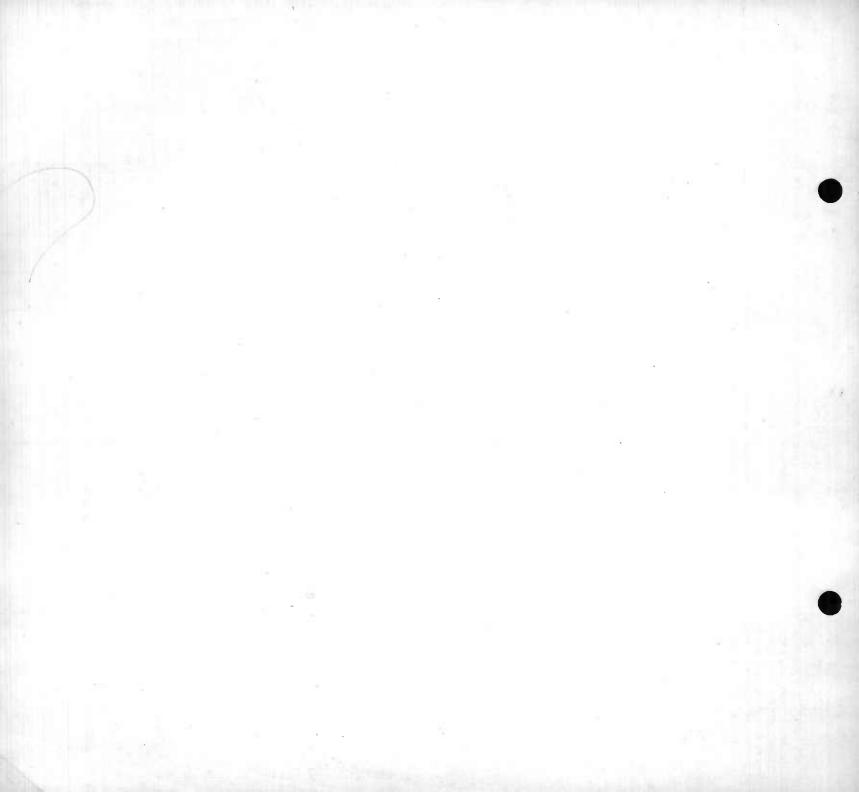
BIRTH NO.

VS 150-REV. 1/1/65

1. NAME OF DECEASED			AND HOUR OF DEATH	
(Type or Print) BENSON TI	HOMAS		9-14-66	nstitution: residence before admission
3. PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE	Where deceased lived. If i	nstitution: residence before admission
HOSPITAL OR oddress or focotion)	institution, give street			RURAL ond give township)
INSTITUTION		11	· · ·	KOKAL ond give lownships
P INTHERING UNCE	3 00 1110	D. STREET ADDRESS	(If rurol, give location)	
LUTHERAN HOSP		1025	WINDSOR	AV.
NW	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	8. DATE OF BIRTH 4-2-85		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 1) done during most of working lile, even if retired)		11. BIRTHPLACE (Stoto or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	FARM-	BALTIMOIZ	= Co. Md	USA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
WILLIAM RENSO	N	ALICE M	MAYER	
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (It yes, give wor or dates	s? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT	(, , , , , , , , , , , , , , , , , , ,	ADDRESS
No		THOMAS CA	GIELL CHEN	HEW) CHTHERUL
1B. 2 3 1 V I	CAUSE O	OF DEATH	11800 (NOT	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY			ONSET AND DEATH
LEADING TO DEATH	(4)	CVA; PN	BUMONIA	
(This daes not mean the made of				
heart failure, asthenia, etc. It means It injury ar camplication which caused d				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if an	DUE TO			
rise to the above cause (A) s				
UNDERLYING CONDITION last.		1		
Z OTHER SIGNIFICANT CONDITIONS CO	and the second s			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING ED TO THE			1.00
DISEASE OR CONDITION CAUSING IT.	TON SOR WHICH OPERATION	TOO A MITODOX (Van	Nall 200 to vec mann	SINDINGS CONCIDENCE
19A. DATE OF OPERATION 19B. CONDI	RMED	NO	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DIE ffice bldg., INJURY OCCUR	(If in Boltimor	o City, give exact location)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
(APPROX.)	While At Not While			
	Work At Work		- 17	2 - 11
22. I certify that (1) (this haspital)	ottended the deceased fram	04 11	19 66 to	19 6 9
that (I) (we) last saw the deceased	alive an 2 74	19 <i>QQ</i> and	that in (my) (aur) api	inian death accurred an the do
and haur and from the causes states	d abave. (1) (We) (did) (did nat) v	view the body after dear	th.	
23A. SIGNATURE .				23B. DATE SIGNED
In blea brein	A.D. Att.	ending Med.	Stoff Phys.	2-14-66
23 C. PHYSICIAN'S		23D. ADDRESS	,	7 / 00
NAME (Type)	(/ / b / M.D.	11171/20	111 11.00	DE ALLE
24A. BURIAL CREMATION, 24B. DATE	TIRVA		AN HOSP	OF MARYLAN
REMOVAL (Specify)	24C. NAME of CEMETERY or CR		LOCATION (C	ity, town, or county) (Stote)
BURIAL 2-16-66	MT- CARMEL		BALTIMORE	E CO. ML
2SA. DATE REC'D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	2SC FUNERAL DIRECT	TOP	ADDRESS
FEB 17 1966 @ P. A	E starber All	VM. COOK-1	BROOKS TOWS	SON. YOUISON- M
			The second secon	



7.004	BIRTH NO. CERTIFIC	ATE OF DEATH	66 01738
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATI	1 5
-700	(Type or Print) Thomas Mc Govern	2-16-66	1 5 30 A M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	institution: residence boforo admission)
a hos cause se; (5) endanc to de	FULL NAME OF (If not in hospital or institution, give streat HOSPITAL OR oddross or location) INSTITUTION	C. CUY OR TOWN III outside city limits, write	RURAL and give township)
2 34 1		Blauvalt	
occurred in ontributing ermined cauregular afteased prior is made.	Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give location) 122N. 303MS	trakt
occurre intribut rmined egular ased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED ispecifyl	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ntrill egul ased	102, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	5-9-35 30	
in redece	done during most of working lile, even if relired)	IKE III. BIKEHPLACE (Store or loroign country)	12. CITIZEN OF WHAT COUNTRY?
ds e e	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
on the	Thomas Mª GOVERN	Loratta	
0_	15. Was Deceosed Ever in U. S. Armed Forcos? (Yes, no or unknown) [If yes, give wor or dotes of servico] 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Tappage
ance cance r	087-30-08 CAUSI	90 / 100 Uh J. H. 290 19	onto 303 My
900	13710		ONSET AND DEATH
onoun almed	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO	ongenital Heart d.	30 yrs
ar	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	- Testalogy of fallat	
gula	ANTECEDENT CAUSES (BI	Cartin sules an arm bus on	22 hrs
What or o	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the	ongenital Heart d. - Tetralogy of Fallot Cardio Julmonary Egga surgueal task Carre	exisis
as ir ains			
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED TEXTAL BY BY FALLAL	20A. AUTOPSY? (Yes of Not 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
No phy before	OR CONTRIBUTING CAUSE OF home, form, fociory, street	g., in or obout 2TC. WHERE DID (If in Bollima office bldg., INJURY OCCUR?	ore City, give exect lecotion!
S Po	OF INJURY (Month) (Doyl (Year (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
8 0	(APPROX.I While At Work At W	Vhile □	
an	22. I certify that (I) (this hospital) ottended the deceased from		2-16-66 19
b () €	that (1) (we) lost sow the deceased alive on 2-16-66		pinion deoth accurred on the dote
eat	ond hour and from the couses stoted obove. (1) (We) (did) (did no	t) view the body ofter death.	23B, DATE SIGNED
E	Mugh Kich M.D.	Attending Med. Stoff Phys. Director Phys.	2-16-66
oval	23C. HYSICIAN'S MAME (Type)	23D. ADDRESS	11
ppr	Joseph Kich M	. Johns HOPKINS	Hospital
5 101	REMOVAL (Specify) The 18/66 St. Catherin	re lem Banvelt	City, town, or country) (State)
written approv	FEB 17 1966 (2) 258. NAME OF REGISTRAR	25 CHUNERAL DIRECTOR	2024 Colleans 1A
•	FEB 17 1966 (2. 15 E. darbeum.) VS 150-REV. 1/1/65	Juniy Mem 18000	



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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

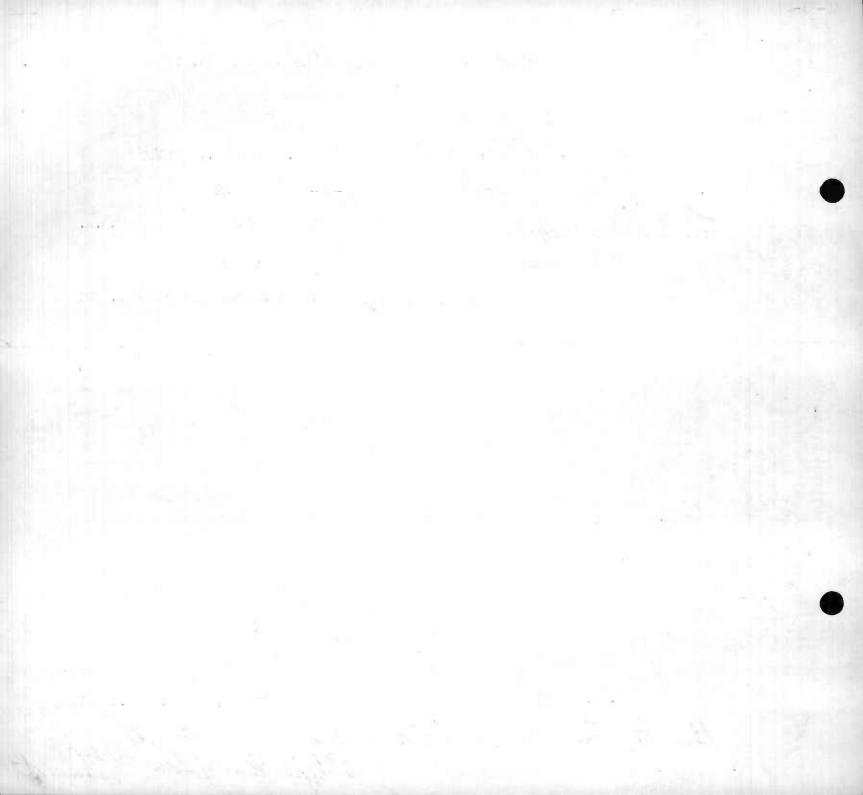
BIKIN NO.	MLD	ICAL LA	AMIIATK 2 C	LKTIII CATE OF	DEATH Registered in	u.
M.E. CASE NO.						•
1. NAME OF DE	ECEASED		J.	2. DATE	AND HOUR PRONOUNCED DE	AD
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E1:	izabeth	Gossman		2/15/66	9:45 a. M.
3. PLACE IN BAI	LTIMORE MARYLAND, W			4. USUAL RESIDENCE (Wh A. STATE Maryland	ere deceosed lived. If institution: B. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If ou	side corporote limits, write RURA	AL and give township)
1				Baltimor		0.1
V		UP GER		D. STREET ADDRESS (If ru		
5. SEX	2820 Louise A		NEVER MARRIED	B. DATE OF BIRTH		Inder 1 Yr. If Under 24 Hrs
female	white		DIVORCED (specify)	July 2,1887	lost birthdoy) 77	ths Doys Hours Min.
		108 KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fo		TITIZEN OF
done during most of	none		Re	altimore Md.		WHAT COUNTRY?
3. FATHER'S NA			2.	14. MOTHER'S MAIDEN NA	ME	
	Coon	~ 0		Madeline D	ickie	
S. WAS DECEAS	GEO EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		gecomb St.
Yes, no or unknow	(If yes, give wor or dote	es of service)	SECURITY NO.			•
			215-01-6159	A Mr. Frank	J. Gossman Al	bany N.Y.
1B.	42 V		CAUSI	OF DEATH		ONSET AND DEATH
DISEA	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Arter:	iosclerotic and	hypertensive car	rdio-
(This does	not meon the mode of	dying, e.g.,	DUE-TO	vascular dis		
injury or co	omplication which coused	deoth.)		vascarar are		
	ANTECENDENT CAUSI		(B)			
	OR CONDITIONS, IF A		DUE TO			
UNDERLY	ING CONDITION LAST.					IS IN HE WILL
8			(C)	***************************************		
O THE	II GNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T				
DISEASE	OR CONDITION CAUSING					
-1 ()	OF OPERATION 198. CON WAS PER		WHICH OPERATION	no	IN CERTIFYING CAUSES OF	
UNDERLYING UTING CA	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. WHERE DIE office bldg., INJURY OCCUR?	O (If in Boltimore Cily, give exc	oct location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		VHILE AT NOT NOT AT W	WHILE	NJURY OCCUR?	
22.						
	ertify that I held an I				this basis, death in my api	nian
resu	olted fram: Natural ca	uses X	Accident Suicio		Undetermined manner	
	4	(7./	CHIEF MEDICAL	EXAMINER _	DATE CICNED
ACTUA		43	1	ASSISTANT MEDICAL		DATE SIGNED
SIGNA	NER'sWerner U.	Spitz.	M.D. M.D	ASSOCIATE MEDICAL		2/15/66
NAME	(Type)	,/1		ASSUCIATE MEDICAL	EXAMINEK	
23A, BURIAL CR		23	C. NAME OF CEMETERY	or CREMATORY 23D	LOCATION (City, town,	or county) (State)
REMOVAL (Speci	ify)	8/66 Ca	alvary Cem.		lbany N.Y.	
FEB	17 1966 (2)	248. NAME	OF REGISTRAR	24Cy EUNERAL DIRECT	Hervid Ans	ADDRESS 2024 Orleans
	1/4 5		0/0	J. Brank	1000-1100	
/S 151-REV. 1/1	/60				,	

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Tarana

BALTIMORE CITY HEALTH DEPARTMENT



K-350

BIRTH NO. 66 1174 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 11741

M.I	E. CASE NO.										
1. r (Ty)	NAME OF DE			-1 1	** .	2. DATE AND HOUR PRONOUNCED DEAD					
				Edmond	Kwiaton			2/14/6		8:10 p	M.
3. 1	7777	IIMORE MA	RYLAND, V	HERE PROP	NOUNCED DEAD	A. STATE		deceosed lived. If insti B. COU	tution: residence	e before odn	nission)
FU	E NAME OF	TIFNOT	IN HOSPI	AT OR INS		C CITY OR TO	Marylan	and carporate limits, write	PILIPAL and	aiva taa bia	1
HOSPITAL OR ADDRESS OR LOCATION) 2-28-66						C. CITT OK 10			NOWAL DIEG	jive lownship	,,
5								timore	70	2	
3		Church	Uomo	and Ua	cnital	D. STREET ADD	KESS (It rurol,	give location)			
5. S		6. RACE	поше		ED, NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	I If Haday 1	Yr, If Under	24 H
					D, DIVORCED (specify)			lost birthdoy		ys Hours,	
	male	white			lowed	9/20/1					9 = 1
	during most of				OF BUSINESS OR INDUS			country)	12. CITIZEN C	OF COUNTRY?	
C	an-Cap	per		F000	d Packing	Pola			Polar	ıd	
13. [ATHER'S NAN		1- IZ			14. MOTHER'S N					
		Ludwi					ara Laz	zar	The state of	91	
	WAS DECEASE , no or unknown				e) 16. SO CIAL SECURITY NO.	Miss Zof	ia Woito	wicz	ADDRESS		
	No				215-32-5459	Mrs.Zo	fia-Jwi	aton, 244	S. Ann	St	
	1B.	5. 7				SE OF DEATH				TERVAL BETY	
	DISEA	SE OR CON	IDITION D	DECTIV					ON	SET AND D	DEATH
		LEADING	TO DEAT	Н	Arter	iosclerotic	cardiov	vascular di	sease		
	heort foilure	not meon the	c. It meon	s the diseos	9. DUE TO	*************************				0000000110==-0000	
	injury or co	mplication wh	ich coused	deoth.)					57. S. 1		
		ANTECENDE			/ D)						
	DISEASES	E ABDVE C	TIONS, IF	ANY, GIVIN	G DUE TO	000000000000000000000000000000000000000				**************	********
	UNDERLYI	NG CONDIT	TION LAST.	121110 11					diam'r.		
8					(C)					••••••••	
F	DTUES SIC	NIFICANT C	ONDITIONS	CONTRIBI	ITING						
5	TO THE	DEATH BU	T NOT R	LATED TO							
CERTIFICATION	19A. DATE OF	R CONDITIO			OR WHICH OPERATION	20 A AUTOPS	(2 (Yes or No) is	208, IF YES, WERE FIR	NDINGS CON	SIDERED	
ö	A			RFORMED	THE THE PARTY OF T			N CERTIFYING CAUS			
7	21 A. EXTERNA			2	B. PLACE OF INJURY (e.	no g., in or obout 21C.	WHERE DID (I	f in Boltimore City, giv	ve exoct locoti	on)	
	UNDERLYING CAU			h	ome, form, foctory, street	office bldg., INJUR	Y OCCUR?				
	21D TIME				loss through a college					-	
	OF INJURY	(Month)	Doy) (Ye	or) (Hour)	21 E. INJURY OCCURRE		OW DID INJUI	RT OCCUR?			
	(APPROX.)			n		WORK -					
	22.	tify that 1 h	eld an	Inquiry [Inspection	Autopsy an	d that an this	basis, death In m	v opinian		
		ted fram:				ide Hamic		ndetermined manne			
	10301	ilou iluiii.	, didial c	10303	Accident _ 3010				" 🗀		
	ACTUA	L 1/11/	70		5: 6		EDICAL EXA		C	ATE SIGN	IED
	SIGNAT	URE /W	me	·	M	D. ASSISTANT M			2/1	5/66	
	EXAMIN		unon II	Cnit	- MD	ASSOCIATE A	AEDICAL EX	AMINER	2/1.	7700	
	. BURIAL CRE	MATION, 2	3B DATE	· Spit	Z, M.D.	Y or CREMATORY	23D. LO	CATION (City,	town, as sound	type). (St	totel
	AOVAL (Specif	y)	0/10	111							
	Burial	BY HEALTH	2/18/	_	St. Stanis		Bal	timore,	Mar	yland	
ZAA	. DATE REC'D				ME OF REGISTRAR		AD QWSKT	& SONS, 1	SOS TI-	KE35	Λ
	FEB I	7 1966	i Carlo	158	Lawrence ?	0 1 7	AMPILI	a bomb, I	OUO ES	istern	AVE
			44 40								===

v.s. 153 2=28-66 M.H.

24C. FUNERAL DIRECTOR

Mitchell-Wiedefeld Home, Inc.

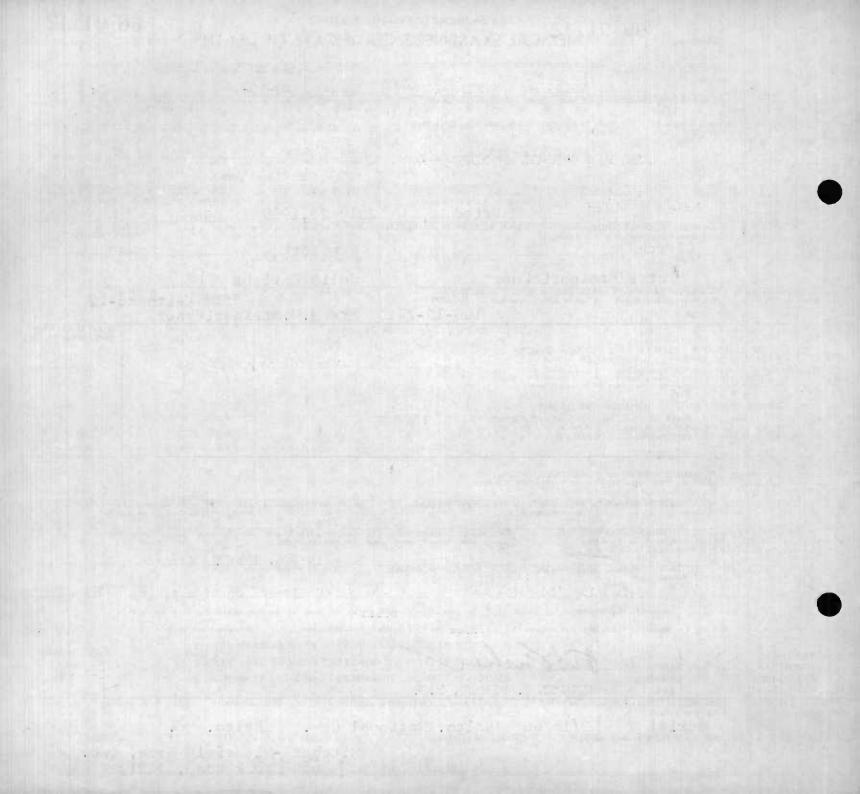
York Road, 21212

ADDRESS

24B. NAME OF REGISTRAR

24A, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65



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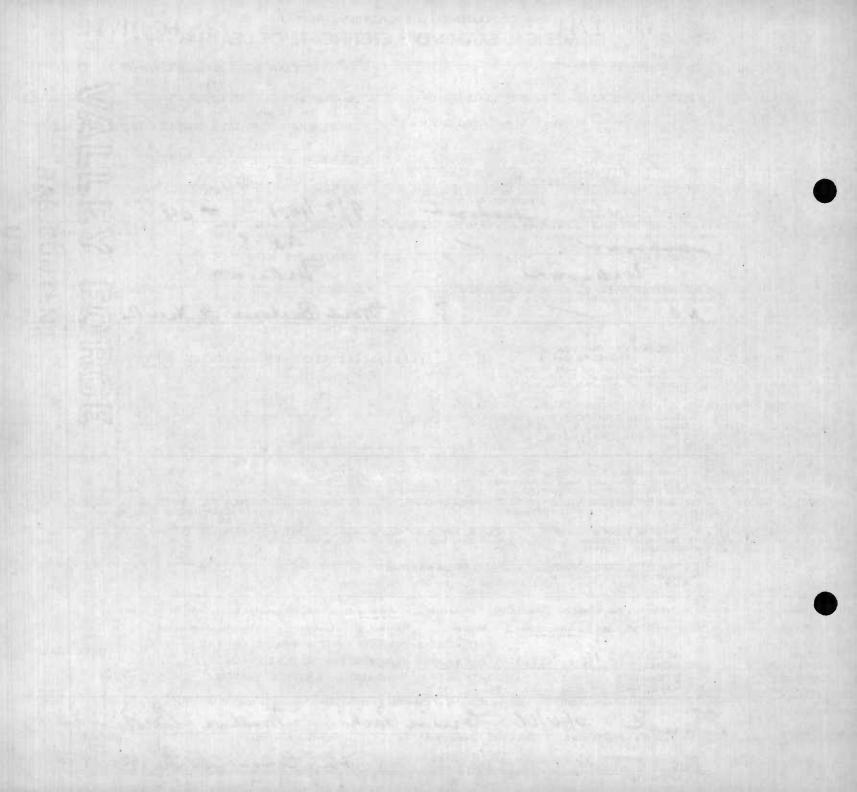
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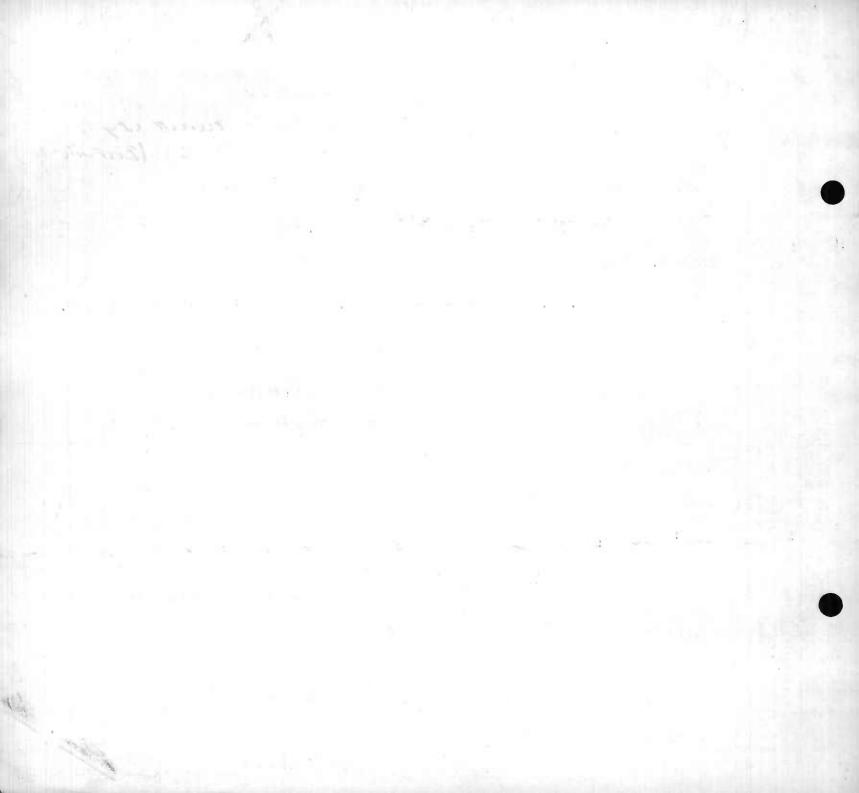
CATION

9:00 p. M. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 2. CITIZEN OF WHAT COUNTRY? INTERVAL RETWEEN CAUSE OF DEATH col one ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED ves MEDICAL 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS (If in Boltimore City, give exact location) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) (Hour) OF INJURY MHILE AT NOT WHILE 22. Inspection I certify that I held on Inquiry Autopsy X and that on this basis, death in my opinion Sulcide Homicide Undetermined monner resulted from: Natural causes X Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 2/12/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Spitz, Werner U. 23A, BURIAL CREMATION. (State) 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) 16 Voodlewn 66 Maine ADDRESS 24C. FUNERAL DIRECTOR 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR VS 151-REV. 1/1/65



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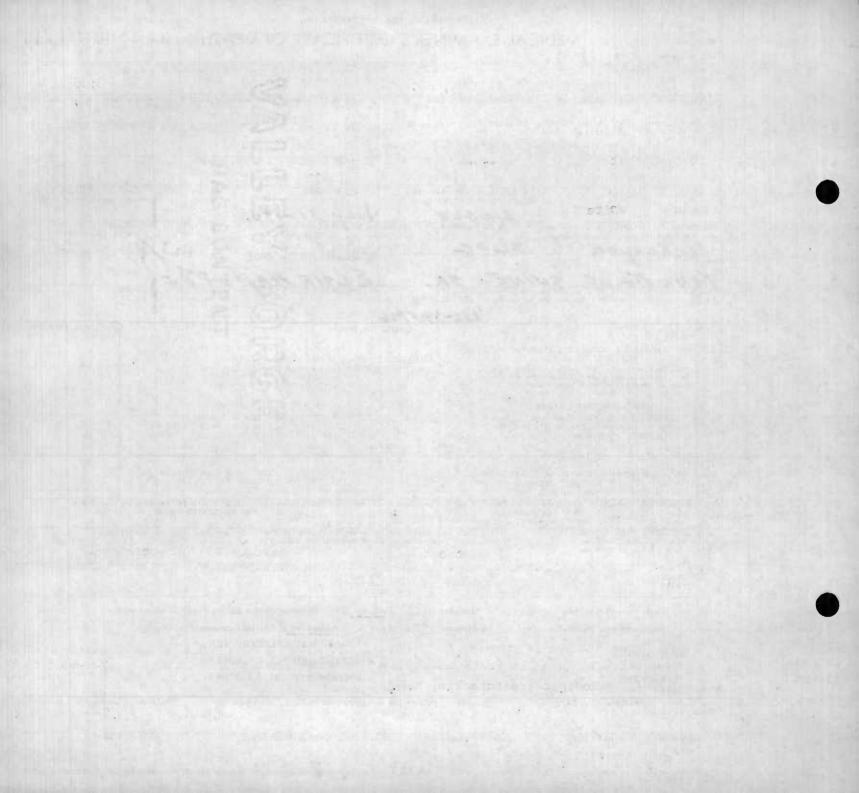
BIRT	TH NO.	66	01746		TE OF DEATH	Registered No	6 01746
	CASE NO.			CERTIFICA			
	AME OF DEC	FASED Tage	Fa	e l K	2.	NO HOUR OF DEATH	1.70 a.m
	FULL NAME O	F (If not in hospital		rive sheet	4. USUAL RESIDENCE (Wh A. STATE B. COU Marylin	ere deceased lived. II in	nstitution: residence before odmission)
1	HOSPITAL OR	oddress or location	1)		C. CITY OR TOWN (IF o		
1		1 wtheran	~ 170	Mr.	D. STREET ADDRESS (II	rurol, give location)	11 city 65
1							BELFONTE DR.
5. \$	M	6. RACE	WIDOWED	NEVER MARRIED D. DIVORCED (specily) LOWED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	if Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		JPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lor	eign country)	12. CITIZEN OF WHAT COUNTRY?
		President	Glass	Factory	Penna		
	FATHER'S NAA				14. MOTHER'S MAIDEN NA		
		Albin Falk			late Ida La:	rson	
15, 1 (Tes	s, no or unknown	(II yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT	E	licott City Md.
	Yes	W. W.	. 1		Mr. Pierre	Falk 130 h	Belfonte Dr.
	DISEAS	SE OR CONDITION DIR	ECTLY	CÂUSE O			ONSET AND DEATH
		LEADING TO DEATH	duta a second	(A)	Heart Faul	luce	
	heort foilure,	osthenio, etc. It means	the diseose,	DUE TO .			
		nplication which caused ANTECEDENT CAUSES	deoin,/	(B)	Car pulm	male	so thagagan ann agas so sos so a son are summatament and this is the few few few 0.000
		R CONDITIONS, if	any, giving	DUE TO			
		obove cause (A) CONDITION last,	stating the	(C)	Heart Fais Car pulm Emphyres	<u> </u>	
NOIT	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING I	TED TO TH				
ERTIFICATION		OPERATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPST? (Tes or N	10) 20B. IF TES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CAL CE		NT WAS UNDERLYING THE	21 B. hom etc.	ie, lorm, loctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
	21D. TIME OF INJURY	(Month) (Doy) (Teor)		INJURT OCCURRED	21 F. HOW DID IN	JURT OCCUR?	
	(APPROX.)		Wo	ik At Work			
							asm ? 14 19 66
				V	riew the body after death		nion deoth occurred on the dote
	23A. SIGNATU	DE	and the same of th		new the body diret decili		23 B. DATE SIGNED
	1 1	F. Cell	certify	M.D. Atte	ending Med. Director	Stolf Phys.	2.14.66
	23C. PHTSICIA	F. Pelib N'S Faclful	Abb	ousy M.D.	23D. ADDRESS	Thuran H	
24A	REMOVAL			AME of CEMETERT OF CRI	EMATORT 24D.	LOCATION (C	ity, town, or county) (State)
	Burial	Feb 17	166	Indian Orch	ard	ndian Orch	Penna.
	DATE REC'D	BY HEALTH DEPT.	25B. NAME	PF/REGISTRAD	25C. FUNERAL DIRECTO	R	ADDRESS
	FEB	17 1966	الم المادة	Jana 1	Harry Witz		lumbia Pike icott City
VS	150-REV. 1/1/	65				些土1	.coo oros

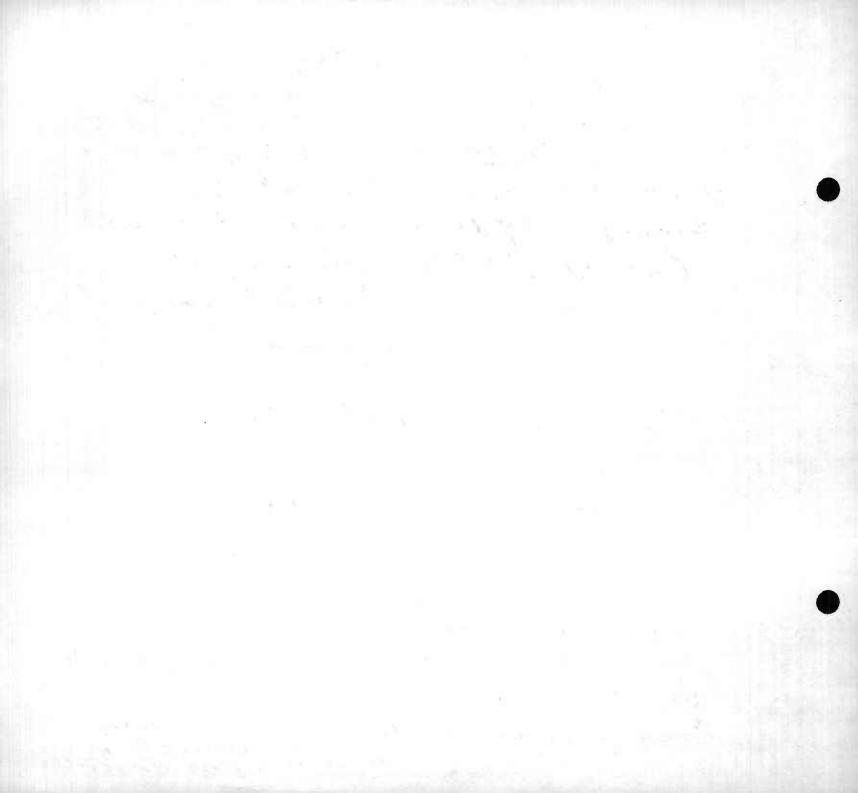


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MEDICAL EXAMINER'S CE	ERTIFICATE OF	DEATH Registered No.	1.1.5
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	TH NO.	SC 11174DI	CAL EX	CAMINER'S CI	EKIIF	CATE	E OF L)EAIH Registe	red Na	UU	7 1	1:3
-	E. CASE NO.	FASED				Ta	DATE AND	HOUR PRONOUNCE	ED DEAD			
(T)	pe or Print)	KENNETH WI	T.T.TAM S	SHINE JR		2	2-9-6		LD DLAD	4:	45	A
3.	PLACE IN BALTI	MORE MARYLAND, W			4. USUA	L RESIDEN		deceosed lived. If insti B. COU	itution: resid	dence b	efore ac	M. dmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				A. STAT		rvland		NTY	1	3.	-08
HC	SPITAL OR	ADDRESS OR LOCA	TION)	JIION, GIVE STREET	C. CITY	OR TOWN	(If outside	corporate limits, write	RURAL or	nd give	ta wash	ip)
						Ва	ltimor	e				
	City Ho	spital			D. STREE	TADDRES	SS (If rurol,	give lacotion)				
						3812	Ash S					
		6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE	OF BIRTH		9. AGE (In years last birthday)	If Under Manths:			Min.
	male	white		VELE	VU Ly	131	-193	6 24				
		PATION (Give kind of work rarking life, even if retired)	10E KIND OI	F BUSINESS OR INDUSTRY	11. BIRTH	PLACE (Sic	ole or foreign	1 country)	12. CITIZE	T COU	NTRY?	
1		QUER	BLI	2 G	Da	16.	1/4-	1.	10-	5	A	
13.	FATHER'S NAM	5/			14. MOTH	IER'S MAII	DEN NAME					
1	ENNE	THUS SH	INE	5K-	21	SIE	MA	V FOE	ADDRESS			
(Ye	s, no or unknown)	O EVER IN U.S. ARMED (If yes, give war or date	s of service)	16. SO CIAL SECURITY NO.	17. INFOR	MANI	/		ADDKE22			
	No			212-34-5726								
	18.	// V		CAUSE	OF DEA	TH	1000	Part of the				TWEEN
	DISEAS	E OR CONDITION DI	RECTLY			1 6	, ,			0.4324	7,110	DEATH
	(This does n	LEADING TO DEATH of meen the made of	dvina e.a.	(A) Gunshot	wour	d of	head					
	heort failure.	asthenia, etc. It meons	the discose,	DOE 10								
									100			
		NTECENDENT CAUSE OR CONDITIONS, IF A		(B)				*******************************				- ng
	RISE TO THE	G CONDITION LAST.	ATING THE	502 10								
Z				(C)				•				
		II .				348						
0	TO THE	IFICANT CONDITIONS DEATH BUT NOT REL							MH.			
ERTIFICATION	DISEASE OR	OPERATION CAUSING		WHICH OBSTATION	100A A	IIIOneva /	V N - \ T	OOD IF WEC WEDE PIA	IDINGS 6	ONGE	DE C	
CE	2	WAS PER		WHICH OFEKATION	20A. A	O TOPST? (20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DE		:KED	
7	21 A. EXTERNAL		21 B.	PLACE OF INJURY (e.g.,		ZIC. WH	ERE DID	If in Boltimore City, giv	yes	cotion)		
EDICA	UTING CAUS		home etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	ffice bldg.	INJURY C	Poar	of 3917 Eas				
ME	21 D TIME		(Hour) · 2	street		215 4014		RY OCCUR?	Lern .	Ave.		
	OF INJURY	(Manth) (Doy) (Year			WHILE [217. 110	A DID IN10	RI OCCUR?				
	22.		m, \	VORK AT W	ORK							
		ify that I held an Ir	nquiry 🗌	Inspection Aut	apsy X	and t	hat on thi	s basis, death in m	y apinlar	1		
	result	ed fram: Natural)cau	ses A	icident 🗌 پکر		Hamicide	X u	Indetermined manne	er 🗌			
		1/1	1	7 //	СН	IEF MED	ICAL EX	AMINER		D.4.T	F () (NED
	SIGNATI		li Cli	MULLI M.D.	ASSIST	ANT MED	ICAL EX	AMINER T			E SIG	NED
	EXAMIN	ER'S D	Describer	<u></u>			DICAL EX			2- /	- 00	
00	NAME (T	7 -		necker, M.D.			To a second					
	MOVAL (Specify)		23	C. NAME OF CEMETERY O	CREMAT		23D. LC	Shew (City,	town, or o	county)	. (:	State)
1:	Buris O	2/14/	66 0	Vosque 1			We		- 701	7		
24	A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C.	FUNERAL	DIRECTOR		A	DDRES	S	0
	FFB	17 1966	58	La Contraction	J	course	(Del	lallow	-//	4 =	11	14
VS	151-REV. 1/1/6	i5 4 (X)					1	366,	7-4	14	4-7	1





death

IMPORTANT

DIRECTOR:

FUNERAL

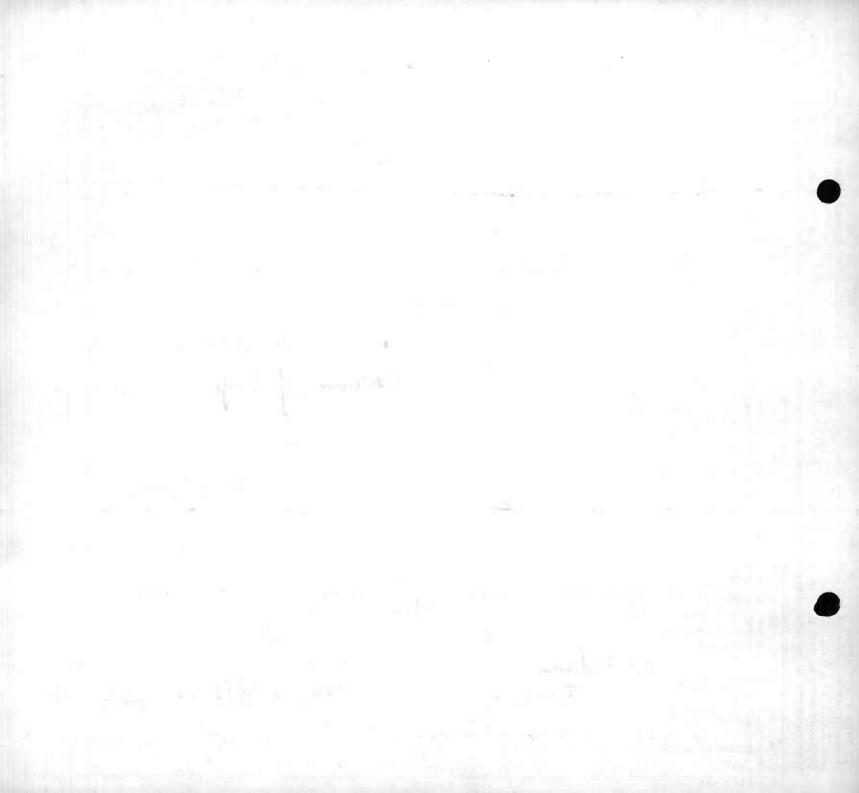
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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	111	0 01 750	CITY HEALTH DEPARTMENT		4 1040
BIRTH NO.	- 66	S 01750 CERTIFI	CATE OF DEATH	Registered No	66 01750
M.E. CASE NO.	EASED .		/ I2. DATE AL	ND HOUR OF DEAT	Н
(Type or Print)	CAUK 10.	villiam Redo	/ A	3-1966	8:55
3. PLACE OF DEA	TH IN BALTIMORE, MA	ARYLAND	4 USUAL RESIDENCE (Whe	ere deceased lived. 16	institution: residence before admis
			B. COUN	NTY	1-1-
FULL NAME O	F (If not in hospital oddress or locatio	or institution, give street	Pa.	ALAM5	1/-35
INSTITUTION			C. CITY OR TOWN (IF OU		e RURAL and give township)
	2/3/ M	Atthews	Hell	TYSburg	
)	Ralt:	nove Md	D. STREET ADDRESS (IF	furol, give locotion)	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specific	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours M
MH/e	white	widowed	" oct 31 1891	74	
	JPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
FARRE	rotating the, even in territory	RgrievItur.	a Adams Ca	PA	USA
13. FATHER'S NAM	AE	Pagil Edilor	14. MOTHER'S MAIDEN NA	ME	
100:11	, 0	11.	Latter	C4. 111	D.11.
11/1/1/	AM Rec	19189	Agnes 3	SMITH	redd N9
(Yes, no or unknown)	(If yes, give wor or dote	es of service SECURITY NO.	17. INEGRMANT	2737	MATT DORESS
mo		- 183-18-89	90 JAMES F Redo	ling BA	ItIMOVE, MO
1B. / / =	Y -	CAU	SE OF DEATH	1	INTERVAL BETWEEN
DISEAS	E OR CONDITION DI	RECTLY	1 01	0111	ONSET AND DEATH
	LEADING TO DEATH	(A)	acuts (quelles	deletitu	309
	ol meon the mode of asthenia, etc. It means)	//	
	plication which caused		Caramona of &	11.0	1 1
A	ANTECEDENT CAUSES	S (B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	My	6 Mc
DISEASES O	R CONDITIONS, if		,	1	173.37
rise to the	obove couse (A)		¥		
UNDERLING	CONDITION losi.				
Z OTHER SIGNA	II	CONTRIBUTING			
E TO THE DI	FICANT CONDITIONS C	ATED TO THE			
U 19A, DATE OF	OPERATION 1198 CON	IT. NOTION FOR WHICH OPERATION	ZOA, AUTOPSYZ (Yes or N	o) 20B. IF YES WED	E FINDINGS CONSIDERED CAUSES OF DEATH?
- I DAIL OF			AOIOI 31; ites of ite	IN CERTIFYING	F I III DIII O O O II JI DEKED
	WAS PER	RFORMED			CAUSES OF DEATH?
19A. DATE OF	WAS PER				
_ OR CONTRIBU	WAS PER	21B PLACE OF INJURY (home, form, foctory, stre	(e.g., in or about 21C. WHERE DID eet, office bidg., INJURY OCCUR?		ore City, give exact location)
OR CONTRIBU	WAS PER	21B. PLACE OF INJURY (home, form, foctory, streetc.)	(e.g., in or obout 21C, WHERE DID INJURY OCCUR?	(If in Boltim	
OR CONTRIBU	WAS PER	21B. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCURRED	(e.g., in or obout 21C, WHERE DID INJURY OCCUR?	(If in Boltim	
OR CONTRIBUTED DEATH (notify	WAS PER	21B. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCURRED While At Not	(e.g., in or obout 21C, WHERE DID INJURY OCCUR?	(If in Boltim	
OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)	WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year)	21B. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCURRED While A1 Not Work	(e.g., in or obout 21C, WHERE DID INJURY OCCUR? 21F. HOW DID INJ While	(If in Bollim	nore City, give exact location)
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OR CONTRIBUDEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease	21B. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCURRED While A1 Not Work Not Not Not of the deceased from and olive an and olive and olive an and olive an and olive and olive and olive an and olive and olive an analysis and olive an another and olive an another and olive an analysis and olive an another and olive an another and olive an another analysis and olive an another analysis and olive an another another another and olive an another an	e.g., in or about 21C. WHERE DID leet, office bldg., INJURY OCCUR? 21F. HOW DID INJ Wark 19 ond th	URY OCCUR?	ore City, give exoct location)
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OR CONTRIBUDEATH (notify) 21D. TIME 23A. SIGNATU	WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this haspital lost saw the decease I from the couses sto RE N'S	21B. PLACE OF INJURY (home, form, foctory, streetc.) 21E. INJURY OCCURRED While A1 Not Not Not A1 Ol) ottended the deceased from a noted obave. (1) (We) (did) (dld noted obave.)	While Work 19 Wiew the body after death. Attending Phys. Director	JURY OCCUR? 19to	Tel 13 19 Depinion death accurred on the
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

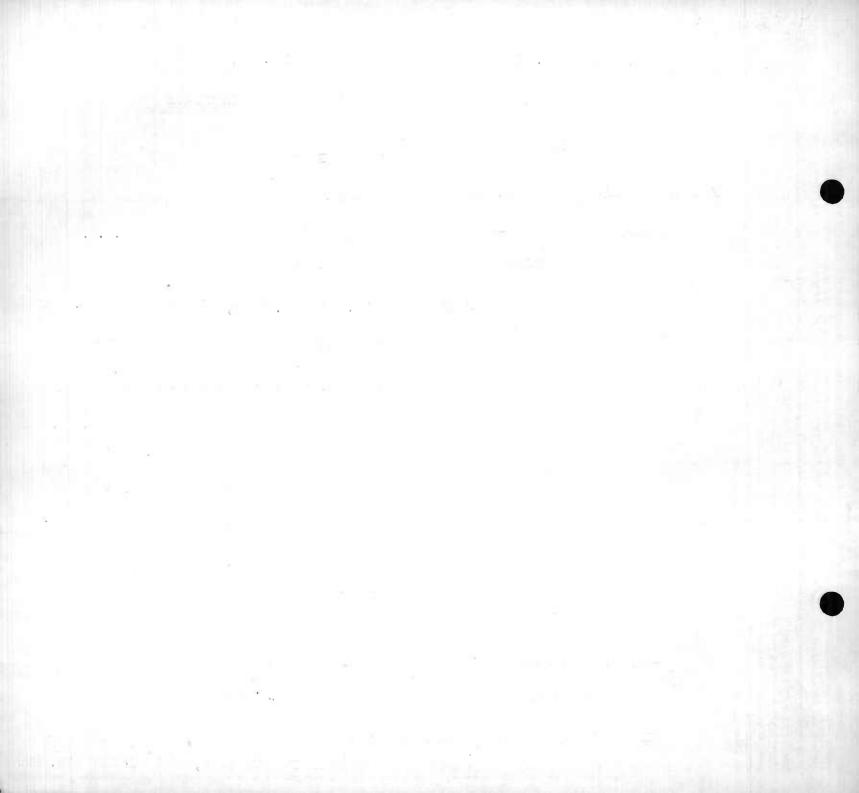
U.S.A

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

ADDRESS



	1		BALTIMORE CITY HEALTH DEPARTMENT
0-0	10 0 ± 0 0 ±	11	CERTIFICATE OF DEATH Registered No. 66 01752 CERTIFICATE OF DEATH
	of death of death Deceased e on the	1, N (Typ	AME OF DECEASED CHARLES LEE DALLAM 2. DATE AND HOUR OF DEATH 2/14/66 1:17 PM.
	2 0 0		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY W. C. CITY OR TOWN (If outside city limits, write RURAL and give_township)
	in a horning cause cause; (5) attendantion to de	1	NSTITUTION No The Power of the Company of the Comp
	T	5. S	WIDOWED DIVORCED (energify) A last bi-day Manthet Days Hours Min.
	the con		USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY SELECTION OF WHAT COUNTRY WHAT COUNTRY
	irect or (4) Unc was the d	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME, 14. MOTHER'S MAIDEN NAME, 15. MOTHER'S MAIDEN NAME, 16. MOTHER'S MAIDEN NAME, 17. MOTHER'S MAIDEN NAME, 18. MOTHER'S MAIDEN NAME, 19. MOTHER'S MOTHER'S MAIDEN NAME, 19. MOTHER'S MO
TAN	ssistant the dir / kind; (death ince on final di	15. (Yes	Was Deceased Ever in U. S. Armed Forces? ADDRESS ADDRES
IMPORTAN	o, if fany nced enda d or		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY DISEASE OR CONDITION DIRECTLY
	Alson noun		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.) (A) Trobable Wyocardlat Inf. 30-60 mun
CTOR:	xaminer. A fractu who pro		ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving
DIRECT	ical exal ex; (3) cian as in ains a		rise to the above cause (A) stating the (C)
RAL	medic y burn physician we	CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Apperneghouse with metastacis C 18 mos 10 THE DEATH BUT NOT RELATED TO THE Apperneghouse with metastacis C 18 mos 19.A. Date of Operation 1198. CONDITION FOR WHICH OPERATION 2008, 18 YES, WERE FINDINGS CONSIDERED
FUNER.	he chie by a 2) Bod re the physic fore th	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact lacotion) OR CONTRIBUTING CAUSE OF
	ry t	O.	DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY
	pro the ny exc exc	N	(APPROX.) While At Work At Work At Work 1965 to Present 2/14/1966.
	d to of a tal (th);	11	that (I) (we) lost sow the deceased alive on
	elea ccidio ccidio to d		23A. SIGNATURE M.D. Attending Med. Staff Phys. Director Phys. 21/4/66 23C. PHYSICIAN'S 23D. ADDRESS
	was () An At appro		NAME (Type) WM P. HORTON M.D. 1/17 St. Paul Balt 2 Md. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24B LOCATION (City, town, or county) (State)
	This certily the body shows: (1) was D.O deceased written a	B	REMOVAL (Specify) 2-17-66 HOPEWELL Com. DOTT DEPOSIT Md. LATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 250 FUNERAL DIRECTOR
	### ¥ \$ \$ \$		The the sumplest

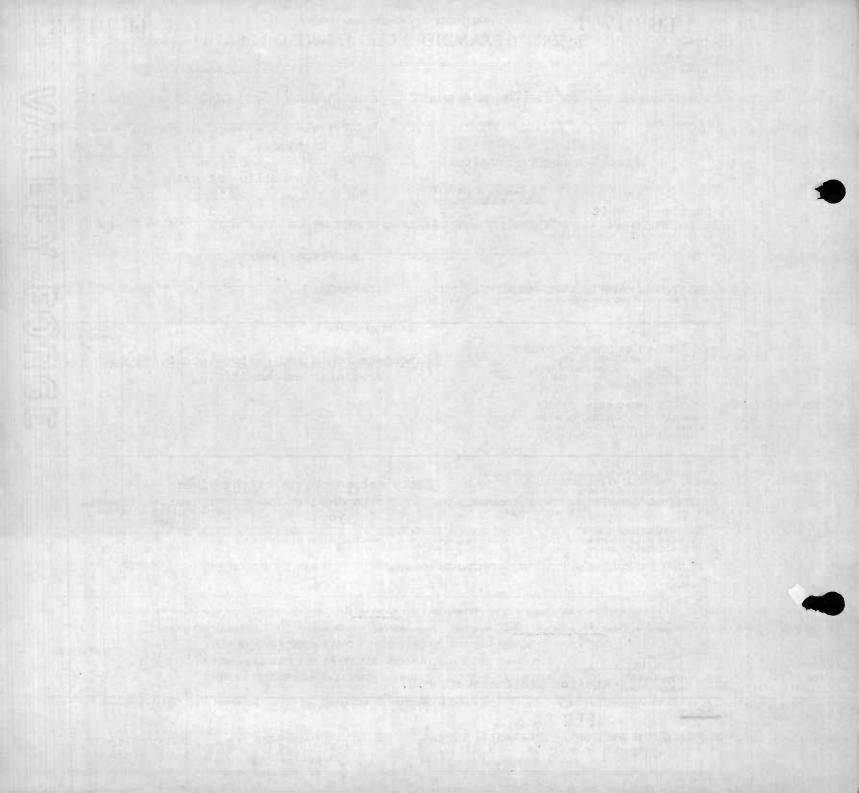
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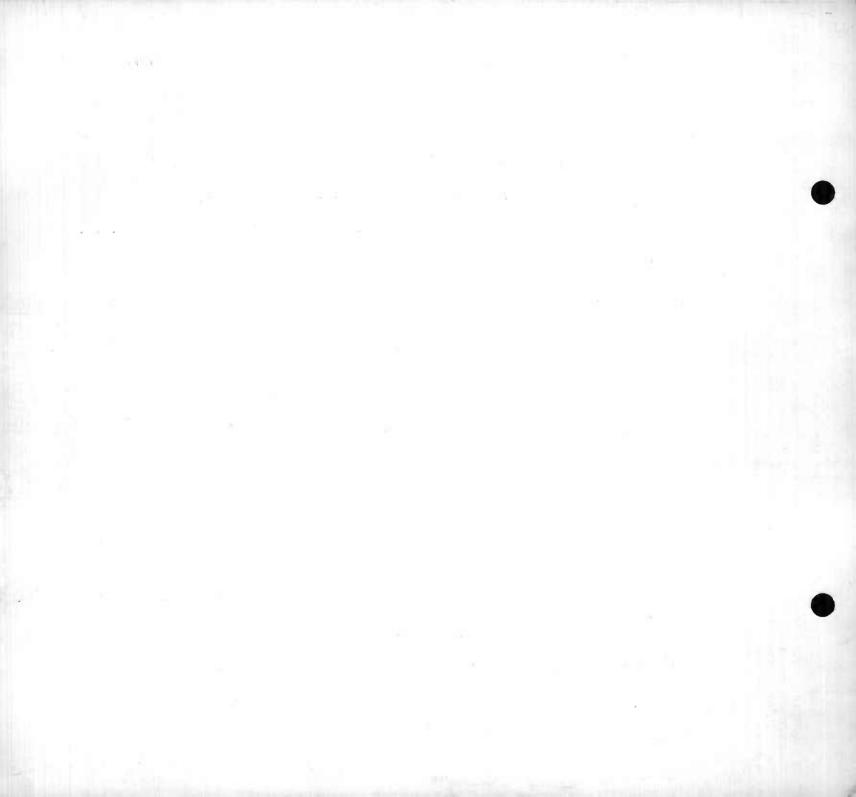
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BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 66 01753

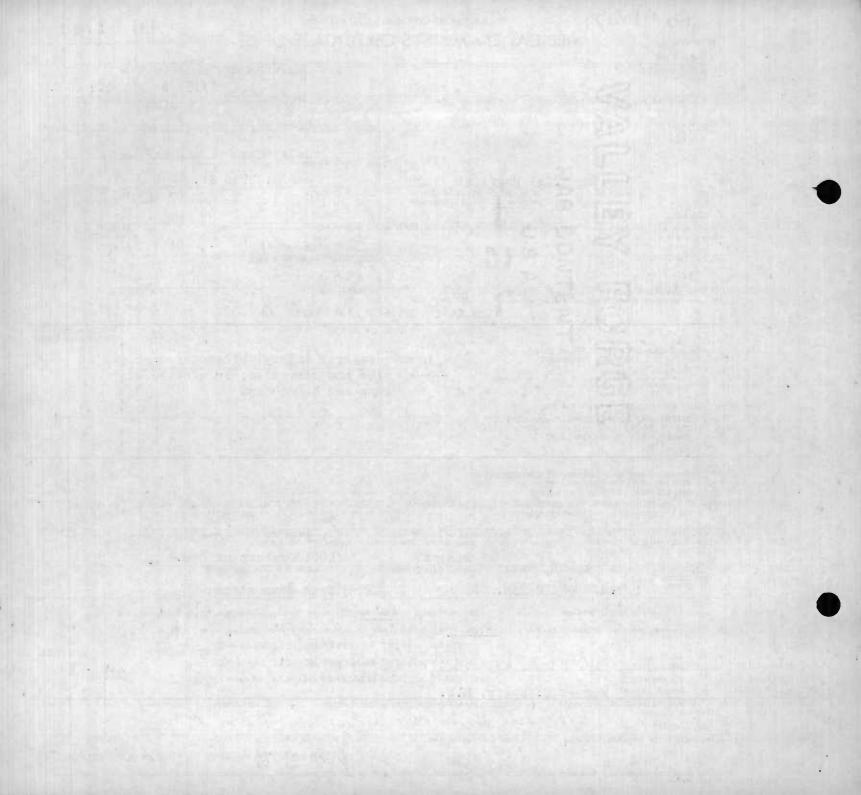
M.E. CASE NO.	SERTIFICATE OF DEATH MASAGEMENT				
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD				
MARY WARNER	January 18, 1966 1:00 P _M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission A. STATE Maryland				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) Baltimore				
Franklin Square Hospital	D. STREET ADDRESS (If rural, give lacation) 1616 Hollins Street				
female 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years left Under 1 Yr. If Under 24 Hrs Months, Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRI done during most of working life, eyen if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS				
DISEASE OR CONDITION DIRECTLY	Onser and gastro-intestinal hemorrhage Vesicular esophagitis.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	metamorphosis of the liver				
VAS PERFORMED ✓ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES , in or obout 21C. WHERE DID (If in Baltimare City, give exact location) office bldg, INJURY OCCUR?				
21D TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?				
	utapsy 🔀 and that on this basis, death in my opinian				
resulted fram: Natural causes XX Accident Surela	de				
SIGNATURE A SUVUM THE	D. ASSISTANT MEDICAL EXAMINER				
EXAMINER'S Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 1-19-66				
23A. BURIAL CREMATION, REMOVAL (Specify) FEB 1 4 1966	EDCITY MEDICAL SCHOOL				
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR THE	MORTUARY SERVICE BCHD				

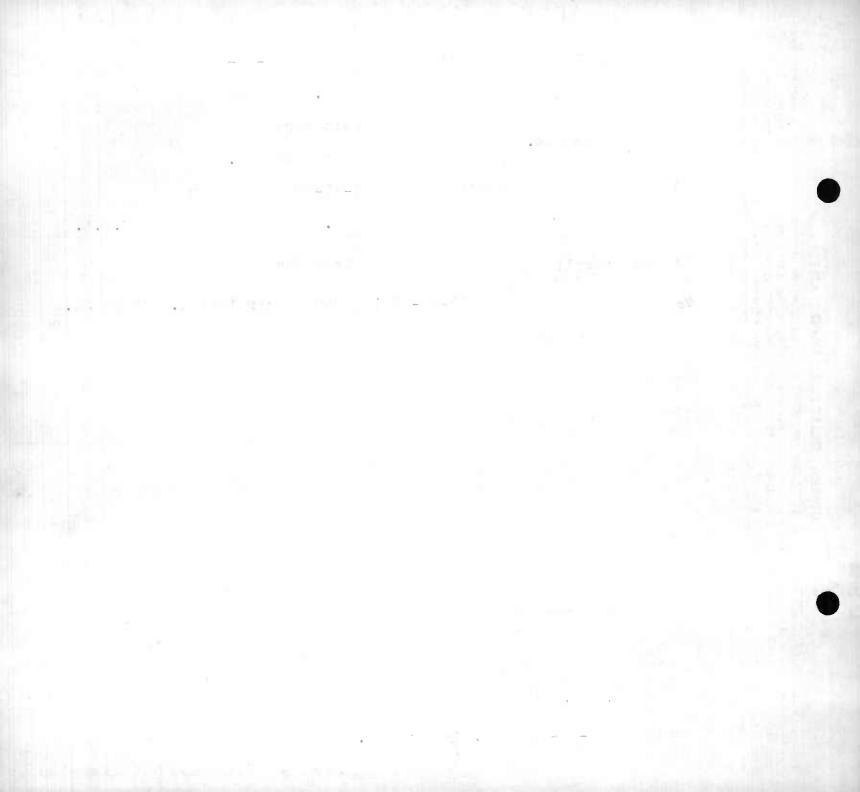




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			119,000

			00 91/33
IRTH NO. MEDI	ICAL EXAMINER'S C	ERTIFICATE OF DEATH Register	red No.
A.E. CASE NO.			
NAME OF DECEASED		2. DATE AND HOUR PRONOUNCE	D DEAD
Elvis	o Rosado	2/15/66	12:45 a. M.
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If insti	tution: residence before admission
IIII MAAAC OF USE NOT IN HOCKIT.	AL OR INSTITUTION CIVE STREET	Maryland	
OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write	RURAL and give township)
NSTITUTION		Baltimore	1-19 (1
		D. STREET ADDRESS (If rurol, give location)	0 9
Union Memori	al Hospital	445 E. 22nd St.	
. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
male white	WIDOWED, DIVORCED (specify)	Feb 5, 1900 lost birthdoys	Months Doys Hours Min.
	TOR KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)	The latter of boshies or interest.	Puerto Rico	WHAT COUNTRY?
	att a second		Yes
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
UNKNOWN		Unknown	
5. WAS DECEASED EVER IN U.S. ARMED es, no or unknown), (If yes, give wor or dote		17. INFORMANT	ADDRESS
Yes	220-01-054	7 Mis Alberta Thomas	445 E 22ND
118.		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI			ONSET AND DEATH
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT REI	LATED TO THE		
DISEASE OR CONDITION CAUSING		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	I DINGS CONSIDERED
WAS PERI		Yes IN CERTIFYING CAUS	ES OF DEATH?
21A. EXTERNAL CAUSE WAS	218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltimore City, giv	
UNDERLYING OR CONTRIB-	home, form, foctory, street, c	ffice bldg., INJURY OCCUR?	9-18
	stairs	2001 Greenmount Ave.	1 4 6
OF INJURY			
(APPROX.) 2/ 14/ 66/1	0:25pm. WHILE AT AT W	ork fell down steps	
22. certify that I held on		opsy x ond that on this bosis, death in m	v onlinion
	uses Accident Suicid		
,		CHIEF MEDICAL EXAMINER	
ACTUAL /11/2	1.12 9 100	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE (W	M.D.		2/15/66
EXAMINER'S NAME (Type) Werner []	Spitz MD	ASSOCIATE MEDICAL EXAMINER	2/25/00
3A. BURIAL CREMATION, 238 DATE	Spitz, M.D.	CREMATORY 23D. LOCATION (City,	town, or county) (State)
EMOVAL (Specify)	1		
Burul 2/18,			
4A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
FEB 18 1966 @ 0.	2 Jailenna O	O WAS BARCH 9.	28 E. North
'S 151-REV. 1/1/65.			
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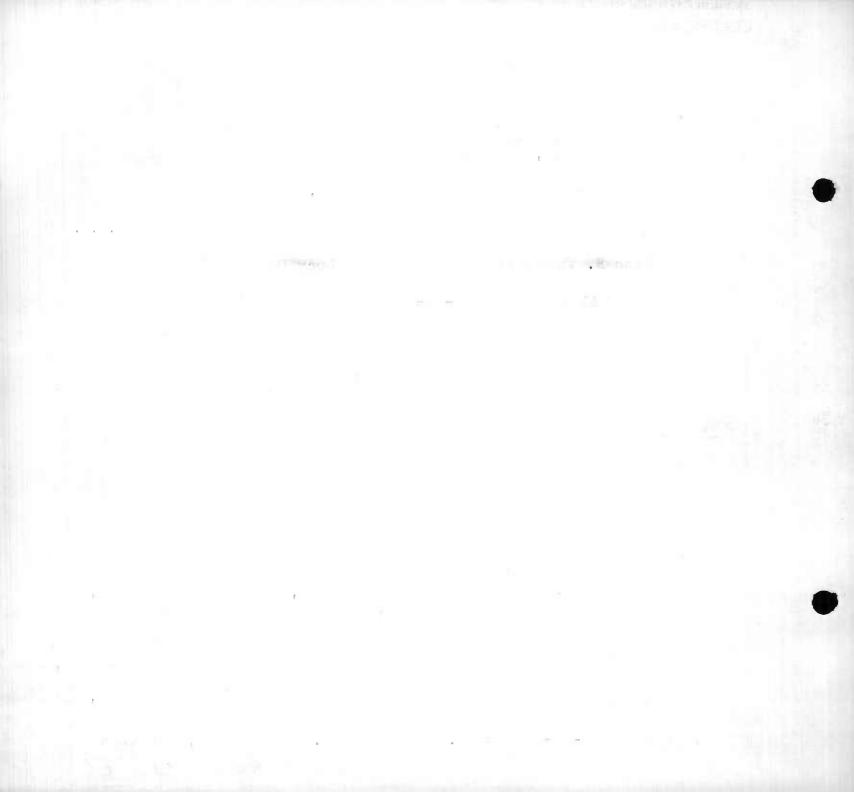




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DIRECTOR:

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M.E. CASE NO.			CLKIIII	CATE OF			
Type or Print)	EASED		•			AND HOUR OF DEATH	H
	Dra Lee Du					-15-66	
3. PLACE OF DE	ATH IN BALTIMORE, M	MARYLAND		A. STATE	RESIDENCE (V	Where deceased lived. II	institution: lesidence before admiss
FULL NAME (OF (If not in hospite	ol or institution,	give street	Md		((000
HOSPITAL OR	oddiess oi locot	tion)		C. CITY O	R TOWN (II	outside city limits, write	RURAL and give tawnship)
11				Bal	to.		
40	Lutheran Ho	ospital		D. STREET	ADDRESS	(If rurol, give location)	
0				812	Bental	Lou St.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED D, DIVORCED (specif	8. DATE O		9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours: Mir
Female	Negro	Ma	rried	8-5-	19	lost birthdoy 46	Wildings Doy's Hoors Will
	UPATION (Give kind of we	ork 10B. KIND O			LACE (State or	oreign country)	12. CITIZEN OF
done during most of	working lile, even if retired	(1)			0		WHAT COUNTRY?
				S.	4.		U.S.A.
13. FATHER'S NA	ME		1	14. MOTH	ER'S MAIDEN I	NAME	
			C.	Cha	rity Ro	gers	
	Ever in U. S. Armed F		1 6. SOCIAL	17. INFORA	AANT		ADDRESS
al unknow	(If yes, give wor or do	oles of Service)	SECURITY NO.		Rany	ofe Dimon	312 Bentalou St
140			2 12		DOTH	TTO DUMBAS C	
1B. 42	0.1		EXAM CAU	SE OF DEATH	2		ONSET AND DEATH
DISEA	SE OR CONDITION D		8 VK	MM	ens MII	Prilician	
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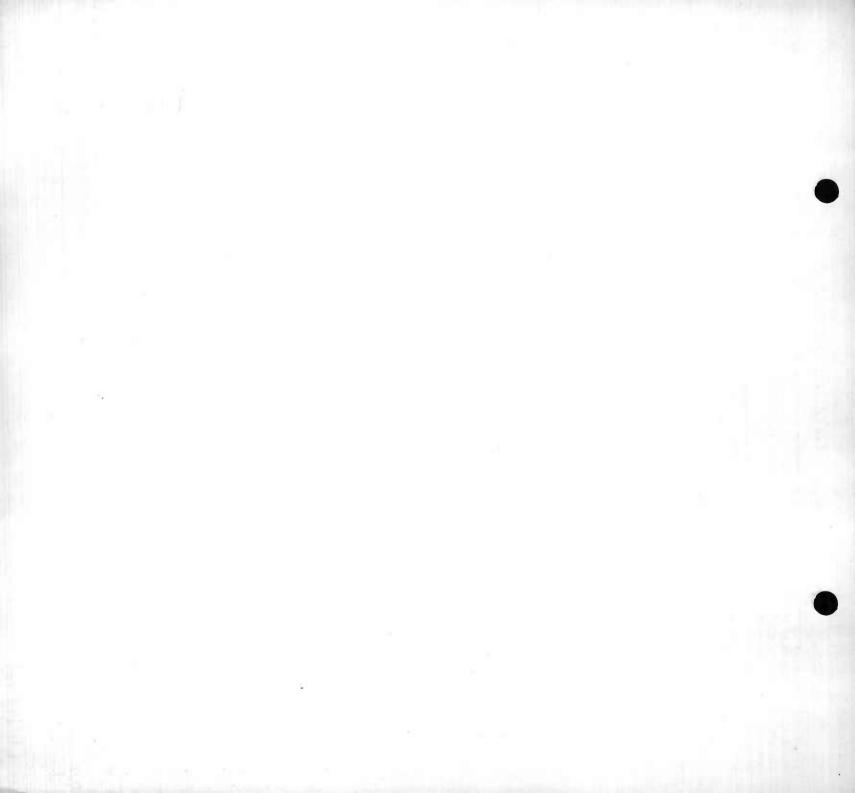
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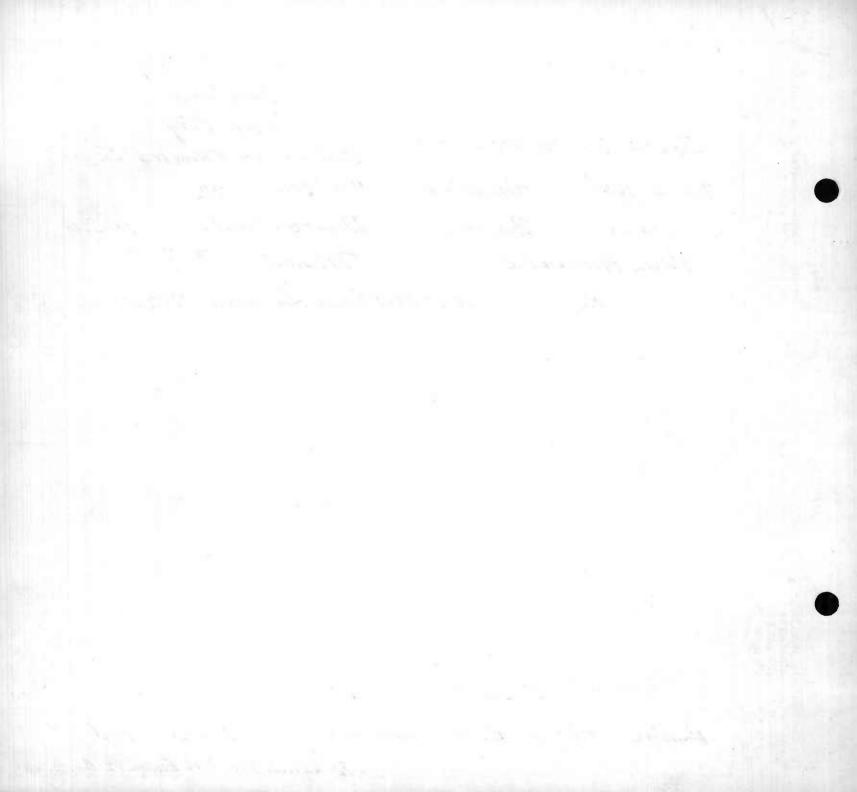
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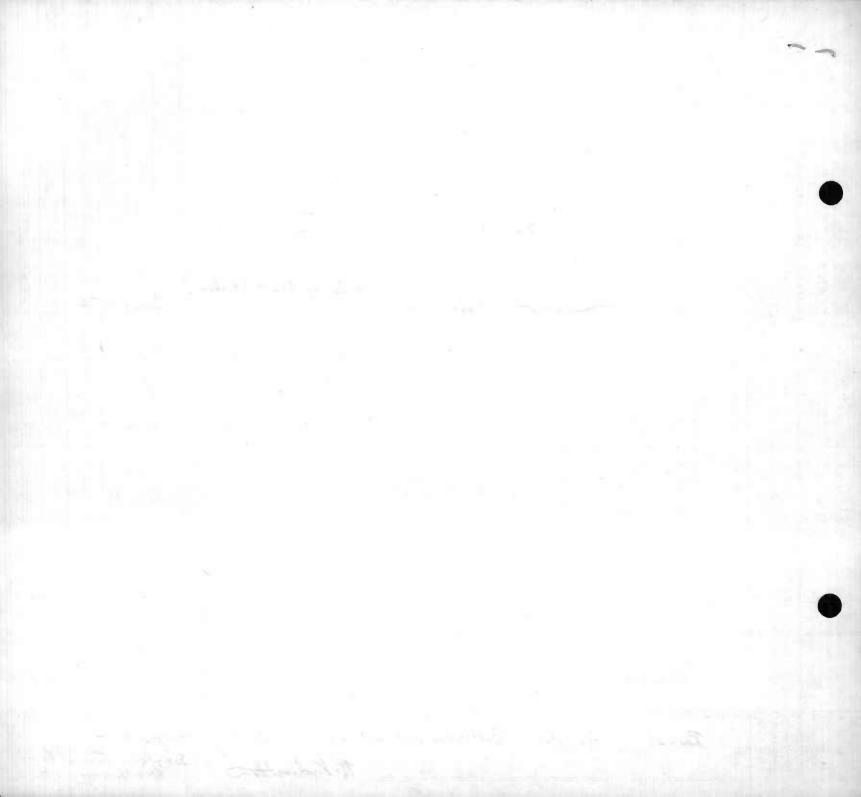
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	-	V)	>	ъ	>

66 0175	1.3	HEALTH DEPARTMENT	Registered No.6	6 01759
M.E. CASE NO.	CERTIFICA	TE OF DEATH	and the second second second second	
Type or Print Parpall LEVA	a		16/66	010
B. PLACE OF DEATH IN BALTIMORE, MARYLAN		/		7 //
FULL NAME OF (If not in hospital or insti		M. STATE B. COUR	111	-03
HOSPITAL OR oddress or location) INSTITUTION		1 0 -1 '	itside city limits, white RU	JRAL and give township)
University Hos	0		rurol, give location)	
		845 E1	00000000	Noe
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	63	If Under 1 Yr. If Under 24 Months Doys Hours Mir
10A, USUAL OCCUPATION (Give kind of work 108, K done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Carre Kan		2	5//a Wu	INN
5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	7	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of so	SECURITY NO.	Rose E. B.	ooks 471	Oxford Cx
18. 465 1	CAUSE	OF DEATH	- 1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	10/	ander 5	/	1.0
(This does not meen the made of dying	, e.g., DUE TO			Elmino
hearl failure, osthenio, etc. Il meons the d	iseose,	/		
injury ar camplication which coused death				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, il any,				
rise to the above cause (A) slotin	g ine (C)			
		- 1		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		rentine		
		20A. AUTOPSY? (Yes or N	ON 208. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	of obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
O 21D. TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
M OF INJURY (APPROX.)	While At Not Whi			
(AFFROX)	Work At Work			
22. I certify that (1) (this hospital) atte	nded the deceased fram	/ / / 3	19 66ta 2	-/6 196
that (+) (we) last saw the deceased ali	ve an 2-16	19.66 and th	nat in (my) (eus) apini	ian death accurred an the
and hour and from the causes stated ab	ave. (I) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	11			23 B. DATE SIGNED
1/2 2/ 7 5-	M.D. Att	ending Med.	Stoff Phys	16 Fal- 151
23 CPHYSICIAN'S	(rn)	23D. ADDRESS	1 11/3.	10
NAME (Type)	44 D	11 - 1	1.1	DUVION
	M.D.	University	1 feloso 1	Bullman 11
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 240. 1	LOCATION	, town, or county) (Sto
Burial 2-21-66	De Ito. Nal	2. Cem. 1-	altimor	e. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B.	AME OF REGISTRAR	250 FUNERAL DIRECTO		ADDRESS
FEB 18 1986 @ 0 1 2	Carbey M.A	Stone II.	Klean 1348	N Bellown St
/\$ 150-REV. 1/1/65		12 12 24.		. Lavy . ev



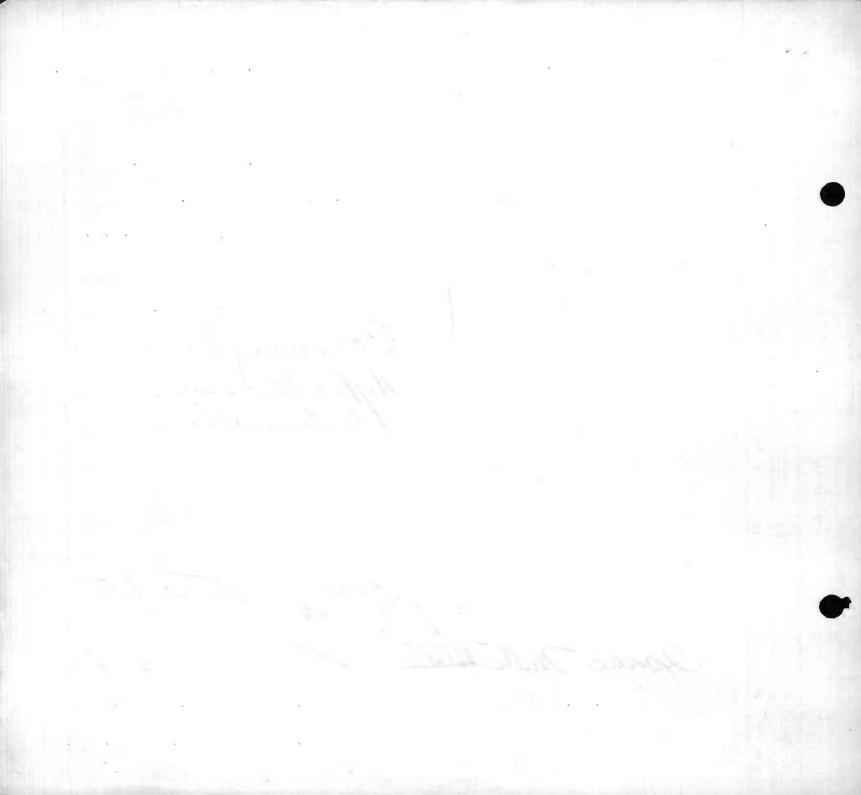
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BALTIMORE CITY HEALTH DEPARTMENT



M.E. CASE NO.			AMINER'S C					
Type or Print)						D HOUR PRONOUN		
LILLIAN PILCHARD					ary 16, 196		4:15 P.	
PLACE IN BALTIMORE, M					yland	deceosed lived, If ins B. CO	stitution: resi UNTY	dence before odmissio
FULL NAME OF (IF NO ADDR N STITUTION	OT IN HOSPITAL	OR INSTITU	TION, GIVE STREET		/N (If outside	e corporote limits, wri	RURAL O	nd give township)
Sinai Hospi	ital			D. STREET ADDR		give locotion) ey Avenue		114,112
Female Whi	V		NEVER MARRIED DIVORCED (specify)	Aug. 29, 1		9. AGE (In years lost birthday)	If Unde Months	Doys Hours Min
on USUAL OCCUPATION (Glone during most of working lile, Packer	even if retired)	1000	BUSINESS OR INDUSTR	Balto.	Co. Mar	yland	12. CITIZ WHA	EN OF
3. FATHER'S NAME	Charles	A. Ri	es	14. MOTHER'S MA		nie Kalb		
5. WAS DECEASED EVER IN			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	5
No No	ve wor or gotes	or service/	?	Mrs. Harr	ry Koer	ner, 1913 R	colling	Road
DISEASE OR CO LEADING (This does not mean heart foilure, osthenio, injury or complication	the mode of cetc. It means to	dying, e.g.,		e Of DEATH	ma, Rig	ht.		INTERVAL BETWEEL
DISEASES OR COND	CAUSE (A) STA		(B)					
OTHER SIGNIFICANT TO THE DEATH B DISEASE OR CONDITION TO THE DEATH B DISEASE OF OPERATION OPPRATION OPPRATION OPPRATION OPPRATION OPPRATION OPPRATION OPPRATION OPPRATION	UT NOT RELA	TED TO TH	G HE			******************************		
19A. DATE OF OPERATIO		ITION FOR V	VHICH OPERATION	20A. AUTOPSY? Yes		208, IF YES, WERE F		
21A, EXTERNAL CAUSE UNDERLYING OR CONT UTING CAUSE OF DEA	RIB-	218, P home, etc.)	form, foctory, street, Home	office bldg., INJURY	OCCUR?	If in Boltimore City, g ey Avenue	ive exoct l	ocotion)
		(Hour) 21	E. INJURY OCCURRED	1-00 110	W DID INJU	RY OCCUR?		
21D TIME (Month) OF INJURY (APPROX.) 2	15 '66		HILE AT NOT	WHILE X Fal	_			
21D TIME (Month)	15 '66	m. W		WHILE X Fal	1	s basis, death in	my apinla	n
21D TIME (Month) OF INJURY (APPROX.) 2 22.	15 '66 held an Ing	m. W		WHILE X Fal	that an thi			n
21D TIME (Month) OF INJURY (APPROX.) 2 22. I certify that I resulted fram:	15 '66 held an Ing	m. W	Inspection Au	WHILE X Fal	that an thi	s basis, death in Indetermined mann		DATE SIGNED
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Emrial 2/19/66 Lorreine Cemetery Baltimore, Mt.

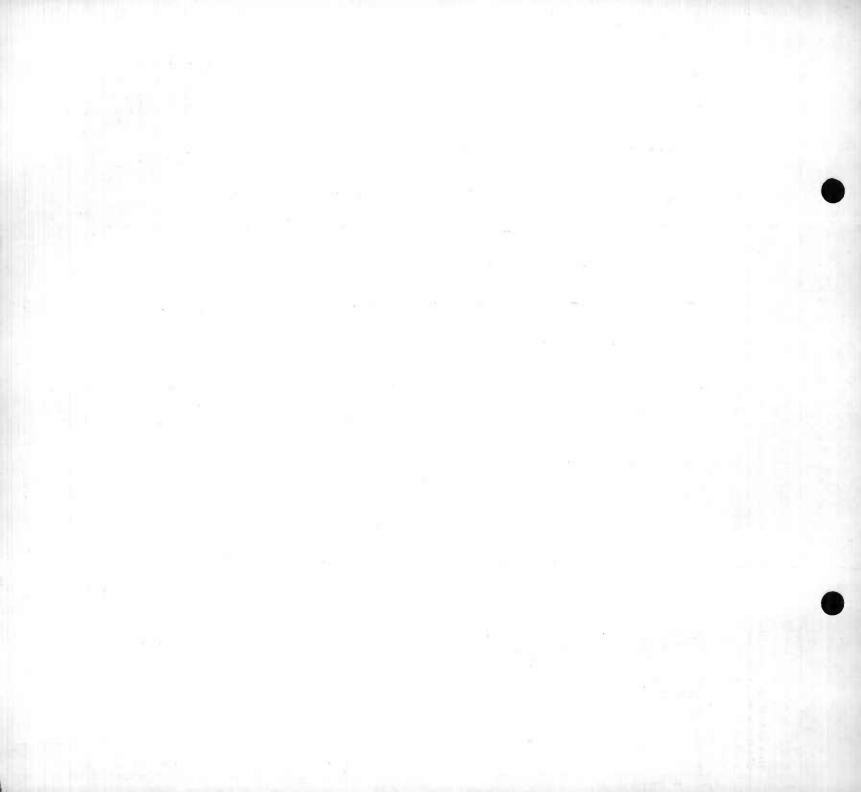
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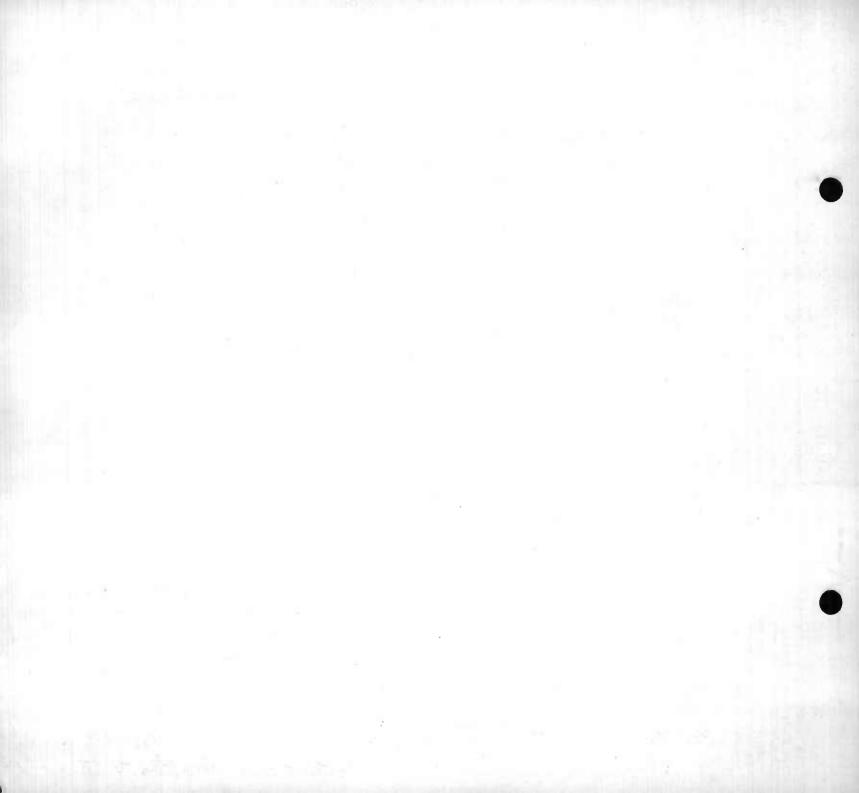
Concentrate) JULY, 25, OSWOOD MARKYLAND BALOU SE JUDINO MRGRRET

IMPORTANT

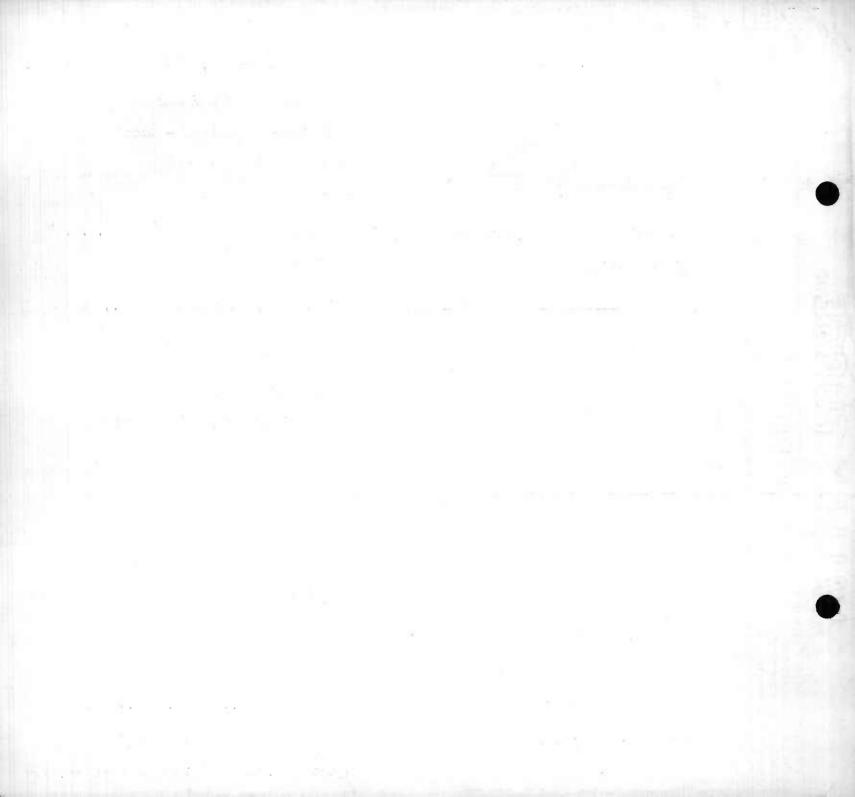
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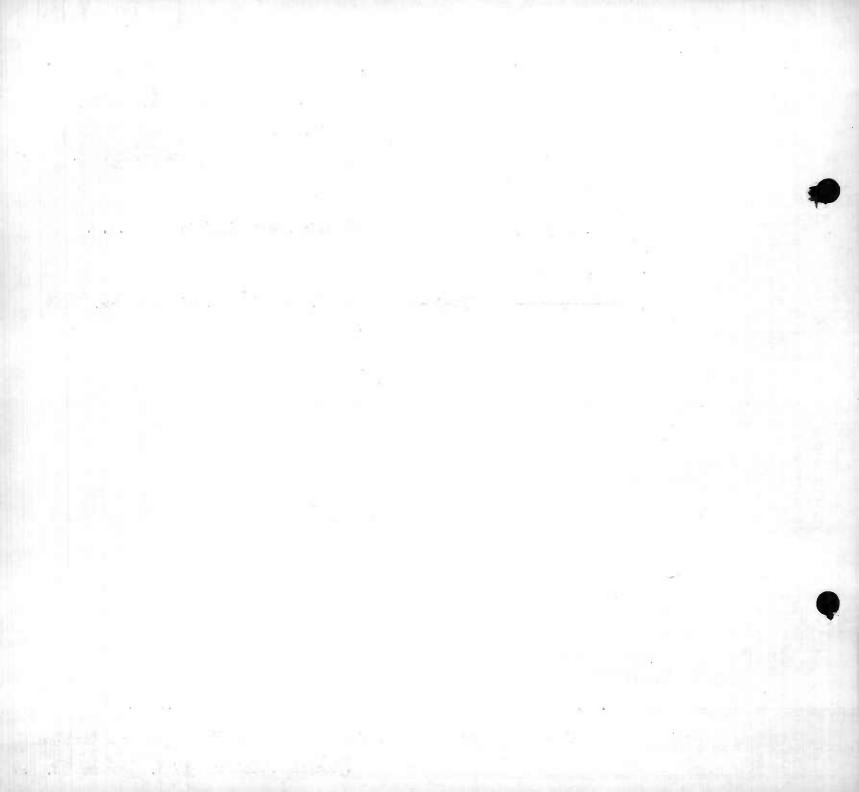




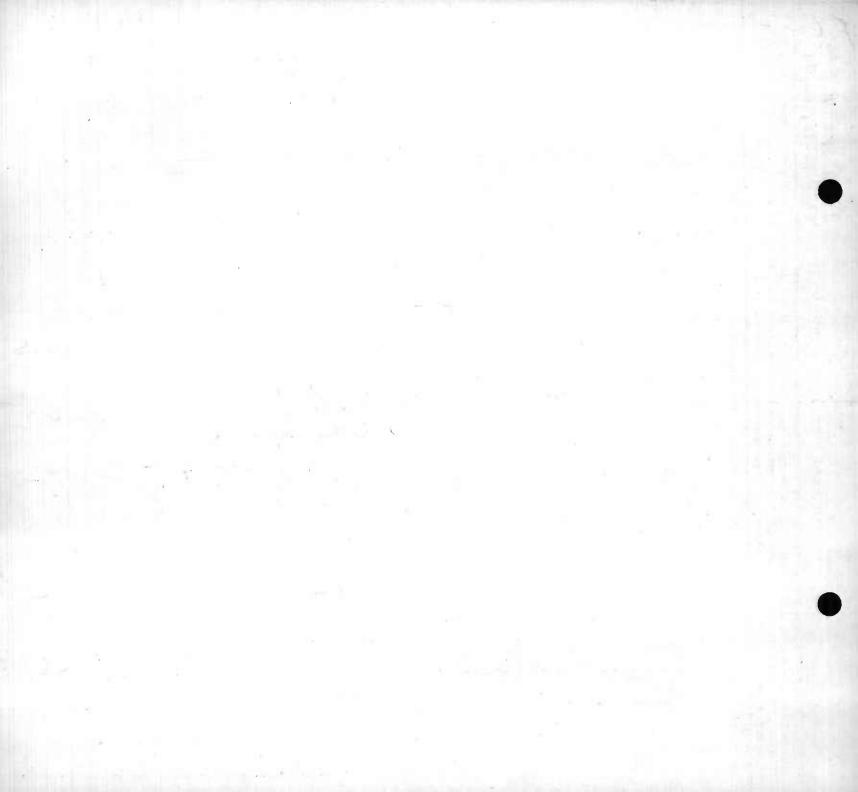
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VS 150-REV, 1/1/65



10:20 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) County (Woodbine) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED The Johns Hopkins Hospital (City, town, or county) deceased VS 150-REV, 1/1/65



Balto.12.

Md.

VS 150-REV. 1/1/65

MARCHAND GALTMENE UNION MEMBERS. HOSP. SOY DUNKIEROND 18 78 25 OU VA. USA E W HOUSEWIFE THOMAS WILLING SMOAH MESSICIC MED. C. Deucent PENNING. MILLIMOTOMY EDENIES LINESPER LANCERSCHOOL

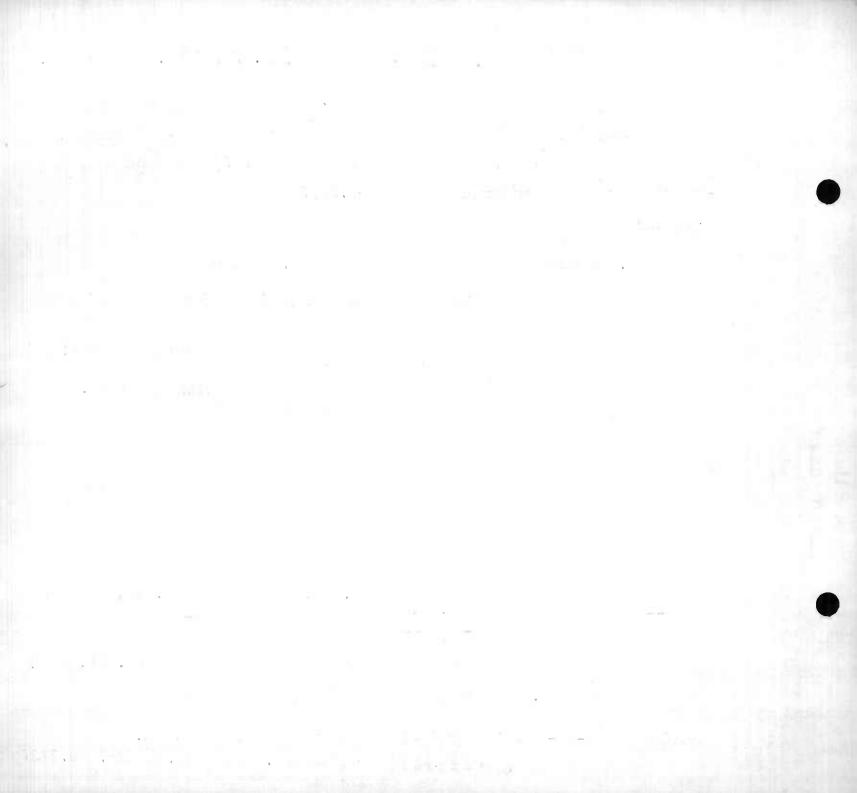
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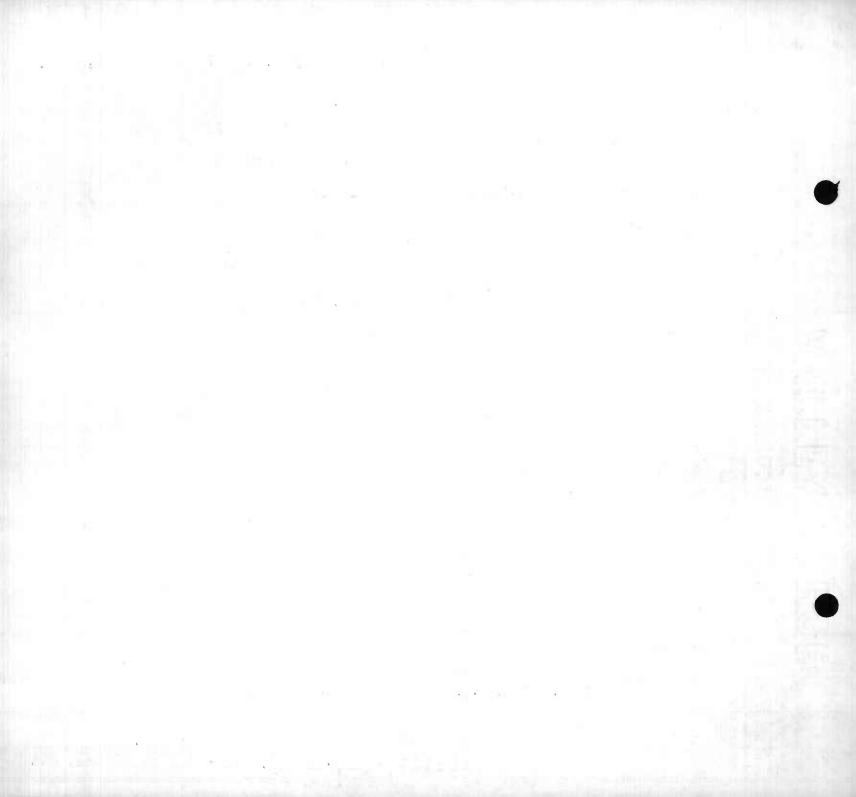
IMPORTANT

FUNERAL DIRECTOR:



DIRECTOR:

FUNERAL



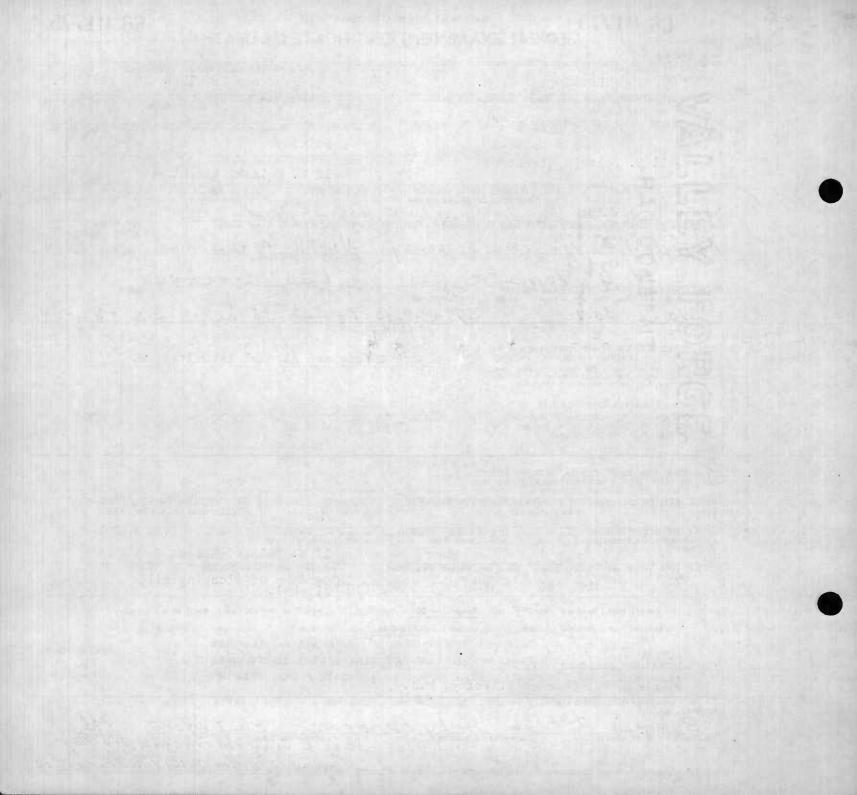
24C. FUNERAL DIRECTOR

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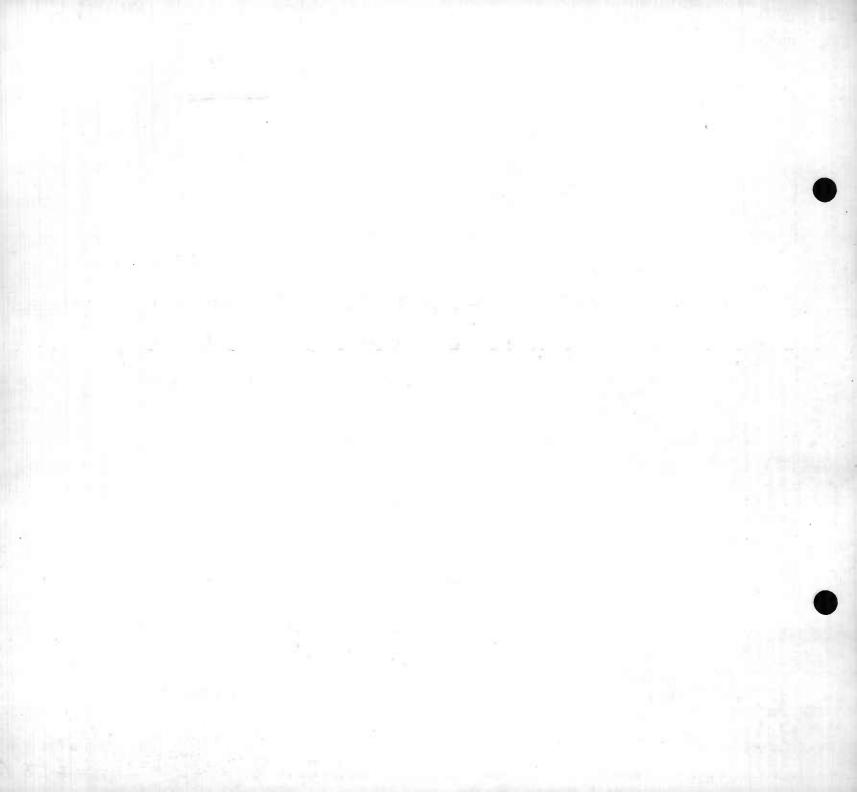
24B, NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEPT.

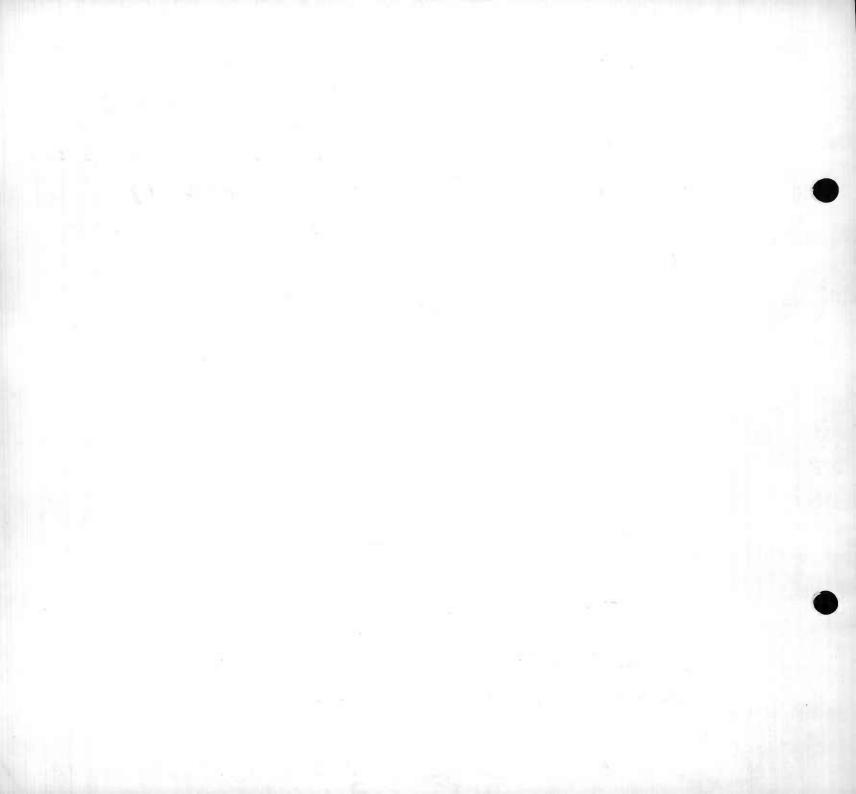
VS 151-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT



15 1011	1 66 0177	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NOWS-1064	4 66 0177	CERTIFICA	TE OF DEATH	Registered No.	01778
M.E. CASE NO.				D HOUR OF DEATH	
(Type or Print)	RACY	SMITH	Fe	6.16'66	1,05
	IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Whe	re deceased lived. If institu	tion: residence befare odm
FILLS NAME OF	ne and a second as		Md -	12	-01
FULL NAME OF HOSPITAL OR	(If not in hospital or in oddress or location)	stitution, give street		tside city limits, write RURA	Al and give township)
INSTITUTION	1 11	-1-1	Baltimo		te one give to thempy
Univers	ity Hosp	ITAI		rurol, give location)	
			2428 La	Keview Au	e. 2121
5. SEX 6.	RACE 7. A	MARRIED, NEVER MARRIED			
=	^/	WIDOWED, DIVORCED (specify)	4/30/65	9. AGE (In years lift lost birthdoy) 9 MOS, Mo	onths Doys Hours
IST HELLAL OCCUPA	ZION/Give bind of week 108	KIND OF BUSINESS OR INDUSTRY	1/30/	rogite U	CITIZEN OF
done during most of wor		KIND OF BUSINESS OK INDUSTRI	III. BIKINFLACE (Store of fores	ign country)	WHAT COUNTRY?
Non		None	Md.		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
Charle	es T. S.	mith	Peady	Thoma	5 .
15. Was Decensed Fu	er in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	yes, give wor or dotes of	service) SECURITY NO.	D. Gary Sen	hold M.D -	Hay Hos
No.		None	Di Gary Den	71610 1110 -	UINIVI TIOS
18. 791	Q I	CAUSE C	OF DEATH		INTERVAL BETWEEN
	OR CONDITION DIRECT	LY		-1.1.	
	ADING TO DEATH	(A) EN	CEPHALOPATH	1- = 1101094	un kno
	meon the mode of dying thenia, etc. It meons the	ng, e.g., DUE TO	CEPHALOPATH	Unknown	
	colion which coused dea	lh.)		,.,	
AN	TECEDENT CAUSES	(B)	아마 수 하나마다리 하나마는 것 같습니다 ㅋㅋㅋ 얼마 없는 중 하나 ㅋㅋ야 한 중 중 ㅋ 중 ㅋ 중 ㅋ 중 ㅋ 중 ㅋ 중 ㅋ 수 하나 마다 하나 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나		
	CONDITIONS, if any,	giving			
	obave couse (A) state	ling lhe (C)			
OTT DEREITH O					
Z OTHER SIGNIFIC	ANT CONDITIONS CONT	[RIBLITING			
E TO THE DEA	TH BUT NOT RELATED				
U 19A. DATE OF O	PERATION 198 CONDITION	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	DI 20B. IF YES, WERE FIND	INGS CONSIDERED
E O No	WAS PERFORA			IN CERTIFYING CAUSES	OF DEATH?
U 21 A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	in ar about 21 C. WHERE DID	. (If in Boltimore Cit	y, give exact location)
	NG CAUSE OF	home, form, foctory, street, o	office bldg., INJURY OCCUR?		
0			-		
OF INJURY	Aonth) (Doy) (Year) (H	our 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
< (APPROX)		While At Not Whi		-	
22. I certify the	at (I) (this hospital) at	tended the deceased fram	13 reb	1966 to /6	Feb 196
0	st saw the deceased a	10 Ca.)			death accurred an th
				(doi) aprillar	. casin accomed an in
	am the causes stated a	abave.(I)(We) (did) (did nat)	view the bady after death.	1	DATE SIGNISS
23A SIGNATURE	4. 11.00)	ending Med.		A DATE SIGNED
D. Jo	y Denjuelo	M.D. Att		Staff Phy s.	6 Feb '66
23 C. PHYSICIAN	.)		23D. ADDRESS	1	
D. 6	ARY BEI	NFIELD M.O.	UNIV. H	TOSP.	
24A. BURIAL CREMA	TION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. I	OCATION (City, to	own, or county) (S
REMOVAL (Spe	cify)		1707	0 0	44-1
DURIAL	- 2-19-6K		VAVY 1	1. A CO.	1410
25A. DATE REC'D BY	HEALTH DEPT. 1258	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FEB 18	1966 @ 0 4 5	2 Salsey Mill	MORTON +	DUEII 17	OI LAYRENS
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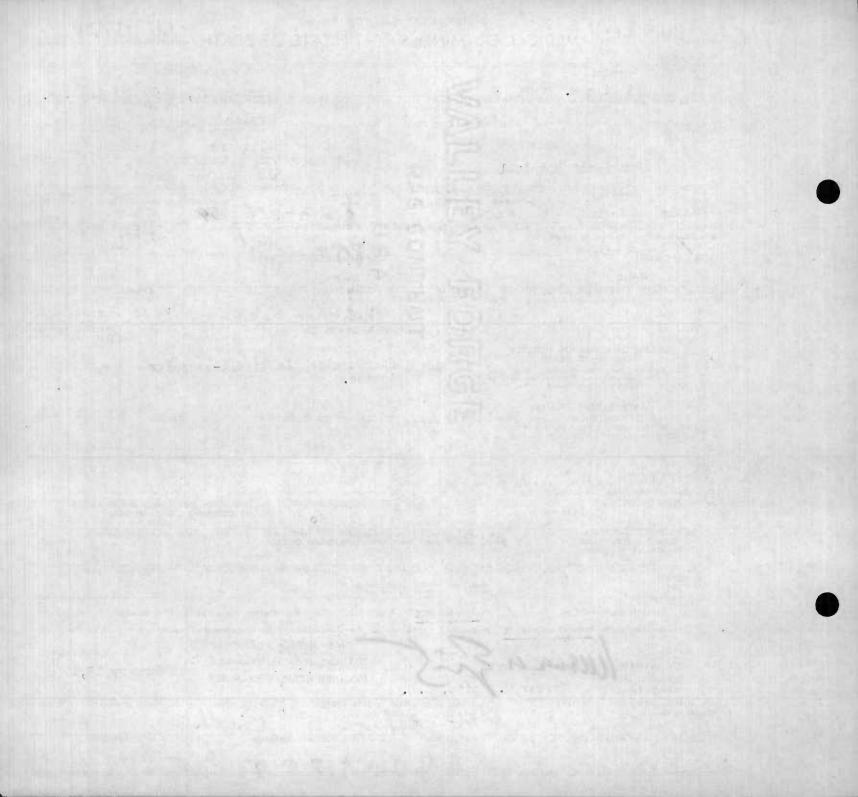
NAME OF D				CATE OF D			
voe or Print)	ECEASED			2. DATE AND	HOUR PRONOUNCE	ED DEAD	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lillian W. Fo	ממו		The lease		11 1710 0	
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceased liver. If institution: residence before odinis.			
JLL NAME OF	TIE NOT IN HOSPIT	AL OF INSTITUTION CIVE	A. STATE	Mary	land		
OSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE !	C. CITY O			RURAL and give township)	
				Balt	imore	11-03	
Provident Hospital				ADDRESS (If rurol, 610)	give location) Hoffman Sti	reet	
SEX	6. RACE	7. MARRIED, NEVER MARE		BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24	
Female	Negro	WIDOWED, DIVORCED (spi	8-	25-1906	lost birthdoy!	Manths Days Hours Mi	
		NOR KIND OF BUSINESS OF	R INDUSTRY 11. BIRTHPL	ACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	
	with the		BAI	Balto Md			
FATHER'S NA			14. MOTHE	R'S MAIDEN NAME			
	4 4)6.		UNK				
	SED EVER IN U.S. ARMED		17. INFORM	ANT		ADDRESS	
es, na ar unknaw	milit yes, give war or date	s or service	Mrs. A	INNA Rob	ומשפח ו	610 W. Hossima	
18.	2.1		CAUSE OF DEAT	Н		INTERVAL BETWE	
RISE TO T	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S	ANY, GIVING	E TO	0			
	ING CONDITION LAST.	(C)			**************************		
	11						
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TO THE	OR CONDITION CAUSING	3 IT					
TO THE	OR CONDITION CAUSING	IDITION FOR WHICH OPERA	ATION 20A. AU		208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED	
21 A. EXTERN	OF CONDITION CAUSING	IDITION FOR WHICH OPERA FORMSD	JURY (e.g., in ar about 2, street, office bldg., I	No	IN CERTIFYING CAUS	ES OF DEATH?	
21A, EXTERN	OR CONDITION CAUSING OF OPERATION 198, CON WAS PER AL CAUSE WAS OF OR CONTRIB-	PLACE OF IN hame, farm, foctor etc.) 21 E. PLACE OF IN hame, farm, foctor etc.)	JURY (e.g., in or about 2, street, office bldg., I	No	IN CERTIFYING CAUS	ES OF DEATH?	
21A, EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.)	OR CONDITION CAUSING OF OPERATION 198. CON WAS PER AL CAUSE WAS OR CONTRIB- USE OF DEATH.	PLACE OF IN home, farm, foctor etc.) (Haur) (Haur) (Haur) (Haur) (WHILE AT WORK	JURY (e.g., in or about 2 y, street, office bldg.,	NO PIC. WHERE DID NJURY OCCUR?	IN CERTIFYING CAUS	re exact focotion)	
21A, EXTERN UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.) 22. ce	OR CONDITION CAUSING OF OPERATION 198. CON WAS PER AL CAUSE WAS OF CONTRIB- USE OF DEATH. (Month) (Day) (Yea	21B. PLACE OF IN. hame, farm, foctor etc.) 1) (Haur) 21E. INJURY O WHILE AT WORK nquiry Inspection	JURY (e.g., in or about 2 y, street, office bldg., II	NO PIC. WHERE DID NJURY OCCUR?	IN CERTIFYING CAUS	y opinion	

M d.

BATIAL 2-17-66 Mt. AUBURN
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

MOGISMO - Dut 1701 Lourens

VS 151-REV. 1/1/65



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25A. DATE REC'D BY HEALTH DEPT.

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hospital

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attendance

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death.

66 01 780 BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) DENDY, Julius (NMI) February 16, 1966 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Baltimore Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR Veterans Administration Hospital C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 3900 Loch Raven Blvd. D. STREET ADDRESS Baltimore, Maryland 21218 1608 Franklin St. 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. If Under 1 Yr. WIDOWED, DIVORCED (specify) Doys Male Negro 11-18-13 Never Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) South Carolina U. S. A. Shipping Longshoreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anne Walker Carrell Dendy 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT Records ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. V. A. Hospital, Baltimore, Md. 21218 Yes 4-6-43 to 1-22-46 218-01-4636 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Congestive heart failure 2 years LEADING TO DEATH (This does not mean the made of dying, e.g., Hypertensive cardiovascular heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) 5 years disease ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving to the above couse (A) stating the UNDERLYING CONDITION Iosl. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21 B. PLACE OF INJURY (e.g., in a about 21 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimare City, give exact lacotion) DEATH (natify medical examiner) MEDI 21 F. HOW DID INJURY OCCUR? 21 D. TIME (Manth) (Doy) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not While ((APPROX.) At Work Wark February 14, February 22. I certify that (1) (this haspital) attended the deceased fram... that (1) (we) last saw the deceased alive an February 16 66 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATUR 23B, DATE SIGNED 2-16-66 Attending Staff Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS A. Hospital, Baltimore, Md. 21218 NAME (Type) Franklin Preiser 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) DA

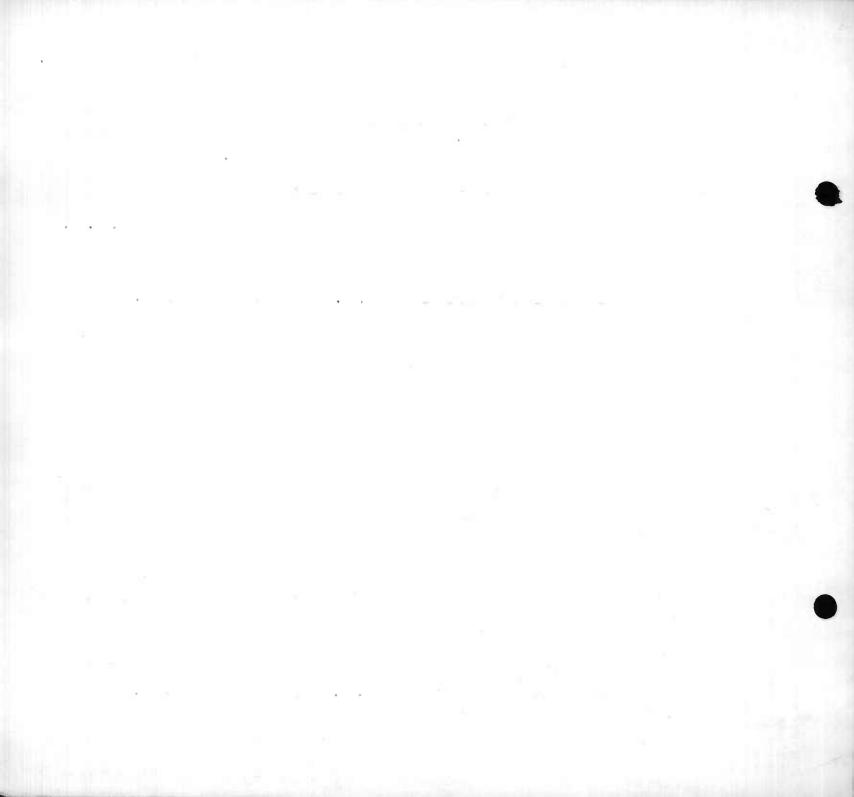
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25C. FUNERAL DIRECTOR

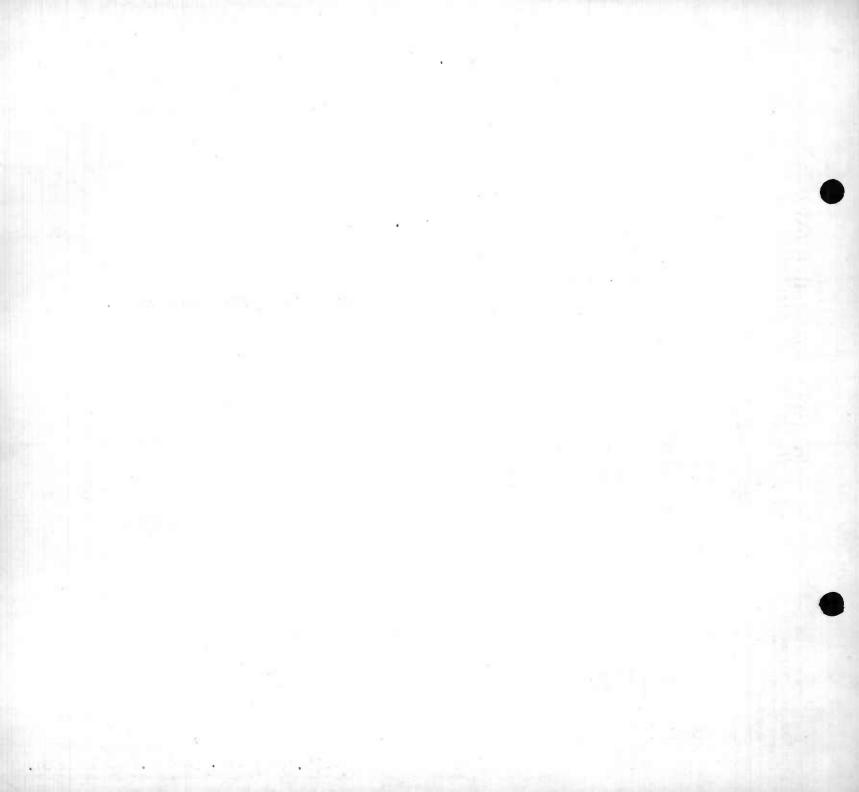
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258. NAME OF REGISTRAR



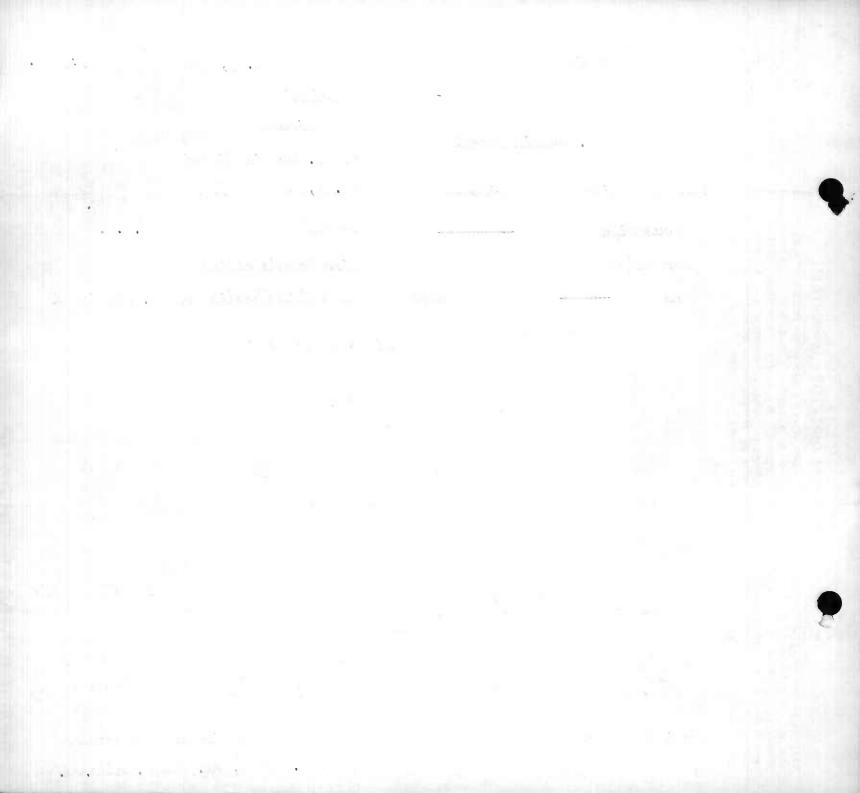
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y ar campli AN ASES OR	colion which caused TECEDENT CAUSES	death.)	(6)	A scitis		
ASES OR			(6)			
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	obove couse (A)		(C)		*****************************	***************************************
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en eleater		ONTRIGUE				
THE DEA	TH BUT NOT RELA	ATED TO TH	IE .			
			WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208 IF YES WED	E FINDINGS CONSIDERED
				701013111100	IN CERTIFYING	CAUSES OF DEATH?
		21 B.	PLACE OF INJURY (e.a.	in or about 21C. WHERE DID	(If in Boltim	nore City, give exact location)
CONTRIBUTI	NG CAUSE OF	hom	ne, form, foctory, street, o	office bldg., INJURY OCCUR?		7, 5 2
		-				
TIME (/	Aonth) (Doy) (Year)				JURY OCCUR?	
ROX.)	-	Whi	rk Not Whi	le		
certify th	at (1) (this bosnital) attended t	he deceased from	2-7-	1966 m	2 - 17 10
(1) (wa) In	st saw the decease	d alive on	2-13-	10 6 6	hat in (my) (aur) =	Inlandadh accurad
						Printer death accorred on t
	ram the causes stat	ted above, (l	I) (₩e) (dld) (did nat)	view the bady after death.		lana 8 400 minutes
	2	2 0	44.5	ending C	Stoff -	23B. DATE SIGNED
2 elle	wowo, 1	к.р.	M.D. All	ys. Director	Phys.	5-17-61
PHYSICIAN' NAME (Type	I. 01114	c. MA	4 KIRNO	23D. ADDRESS Churce	4 HONE	+ Hospital
IAL CREMA	TION, 24B. DATE	24C. N			LOCATION	(City, town, or county)
AOVAL ISpe	cify)					
uai		1900	rankwood (em	etery Ba	itimore, 1	aryland
	ACCIDENT CONTRIBUTION TIME (A STORY) CONTRIB	ER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELY ASE OR CONDITION CAUSING DATE OF OPERATION 198. CON WAS PER ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF H (notify medical examiner) TIME (Month) (Day) (Year)	ER SIGNIFICANT CONDITIONS CONTRIBUTIN THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION FOR WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION FOR WAS PERFORMED THE CONTRIBUTING CAUSE OF 198. CONTRIBUTION (Hour) 21E Who was performed to the contribution of 198. CONDITION (Hour) 21E Who was performed to the contribution of 198. CONTRIBUTION (Hour) 198. CONDITION (Hour) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (Hour) 21E Who was performed to the contribution of 198. CONDITION (Hour) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (Hour) 21E WAS PERFORMED THE CONTRIBUTION (HOUR) 198. CONDITION (Hour) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (Hour) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (Hour) 21E WAS PERFORMED THE CONTRIBUTION (HOUR) 198. CONDITION (Hour) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (Hour) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (Hour) 21E WAS PERFORMED THE CONDITION (HOUR) 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFORMED ACCIDENT WAS UNDERLYING 198. CONDITION (HOUR) 21E WAS PERFOR	ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., hame, form, factory, street, or the contribution of the contri	ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJURY OCCUR? H (notify medical examiner) TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not While 21F. HOW DID IN Work Not Whi	ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION CAUSING IT. DATE OF OPERATION DATE OF OPERATION ACCIDENT WAS UNDERLYING CAUSE OF H (notify medical examiner) TIME H (notify medical examiner) TIME H (Notify that (I) (this hospital) attended the deceased fram CI) (I) (we) last saw the deceased alive on CI) (I) (we) last saw the deceased alive on DATE OF OPERATION ROX.) CERTIFYING AT Work ATTENDATION A



BIRTH NO. 66 017	82	BALTIMORE CITY	HEALTH DEPARTMENT	1	D (1900)
		CERTIFICA	TE OF DEATH	Registered No.	6 01782
M.E. CASE NO.			2. DATE AN	D HOUR OF DEATH	
Type or Print) CLORAN, I	rank Mi	tchell Michel	Februa	ry 16, 1966	11 P. M.
PLACE OF DEATH IN BALTIMORE M		ENDED	4. USUAL RESIDENCE (When	re deceased lived. It in	stitution: residence before odmission)
FULL NAME OF (If not in hospital	AW	LINDED	Pennsulvania	Philadelph	1 A
HOSPITAL OR oddress or location	n)	3-(-00	C. CITY OR TOWN (If out		
vecerans Aunt			Philadelphia		
3900 Loch Ray				rurol, give location)	
Baltimore, Ma	ryland	21218	3228 Teesdale	Street	
. SEX 6. RACE	7. MARRIED	D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years fost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Male White		married	April 29, 1905	60	Williams Doy's Hoors Williams
OA. USUAL OCCUPATION (Give kind of wor			11. BIRTHPLACE (State or forei		12. CITIZEN OF
one during most of working life, even if refired)			Dhiladalmhia D	annassissanda	WHAT COUNTRY?
Elevator Operator			Philadelphia, P		USA
Thomas Cloran					
			Elizabeth Mur		
5. Was Deceased Ever in U.S. Armed Fa (es, no ar unknown) (11 yes, give war ar dat	es of service)	SECURITY NO.	17. INFORMANT Record	S	ADDRESS
YES 11-14-42 to	11-6-45	164-05-3529	V.A. Hospital,		Maryland 21218
1B. 1002.1 I		CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DE	RECTLY				ONSET AND DEATH
LEADING TO DEATH		(A) TUBE	ERCULOSIS, Pulmor	2 years 5 month	
(This does not mean the mode of heart failure, osthenio, etc. It means	dying, e.g., the diseose,	DUE TO AC	lvanced, Active		
injury or complication which couse					
ANTECEDENT CAUSE	5	DUE TO	***************************************		***************************************
DISEASES OR CONDITIONS, IF					
rise to the above couse (A) UNDERLYING CONDITION lost.	stoting the	(C)		********************	
11					
OTHER SIGNIFICANT CONDITIONS					
TO THE DEATH BUT NOT REL	ATED TO TH		Emphysema, Obst:	ructive	
19A. DATE OF OPERATION 19B. COL	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE I	FINDINGS CONSIDERED
E 2	RFORMED		Yes	IN CERTIFYING CAL	USES OF DEATH?
00.00017010117010		R. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc		noo bidgii ilaboki OCCOK!		
21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Ø OF INJURY (APPROX)		nile At Not Whil	e		
	Wo				
22. I certify that (X) (this hospital					uary 16 1966
that M) (we) lost sow the deceas	ed olive on	February 16	19.66 ond the	at in (MGK) (our) opi	nion death accurred on the dote
and hour and from the causes sta	ted obover	(We) (did) (37377534) v	iew the body ofter deoth.		
23A. SIGNATURE	//				23B. DATE SIGNED
	>1	M.D. Atte	ending Med.	Stoff Phys.	February 17, 1966
23C. PHYSICIAN'S	tu		23D. ADDRESS	, 3,	1001 461 3 179 1700
YOUNG E. CHUN				Baltimone 1	Mamrland 2727d
	10.00		V.A. Hospital,		
4A. BURIAL CREMATION, 24B. DATE	1 24C. N	AME of CEMETERY of CRE		1 1	ty, town, or county) (Stote)
Duria 1/19/	66 H	oly Seplu	chre am. W	yndmoor	Pa
SA, DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	4	ADDRESS
FEB 18 1985 (R.P.	18.30	Jan Mill	JOHN A. N	DORAN, MC	3000 E. BALTOS
S 150-REV. 1/1/65	A STATE OF THE STA			1 1000	

M.H.

V\$ 150-REV. 1/1/65

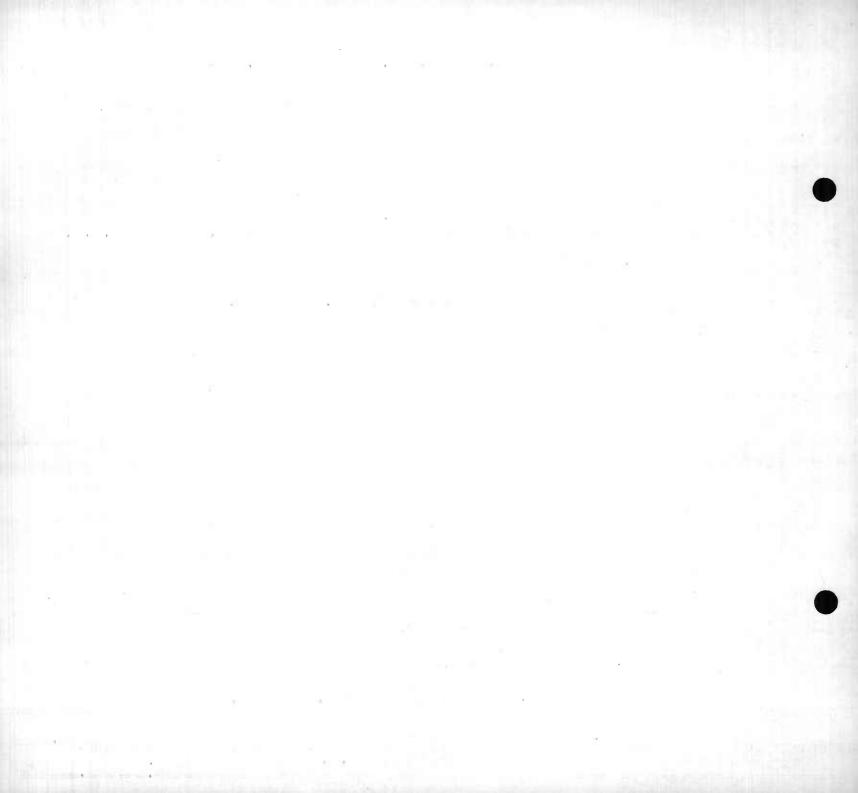


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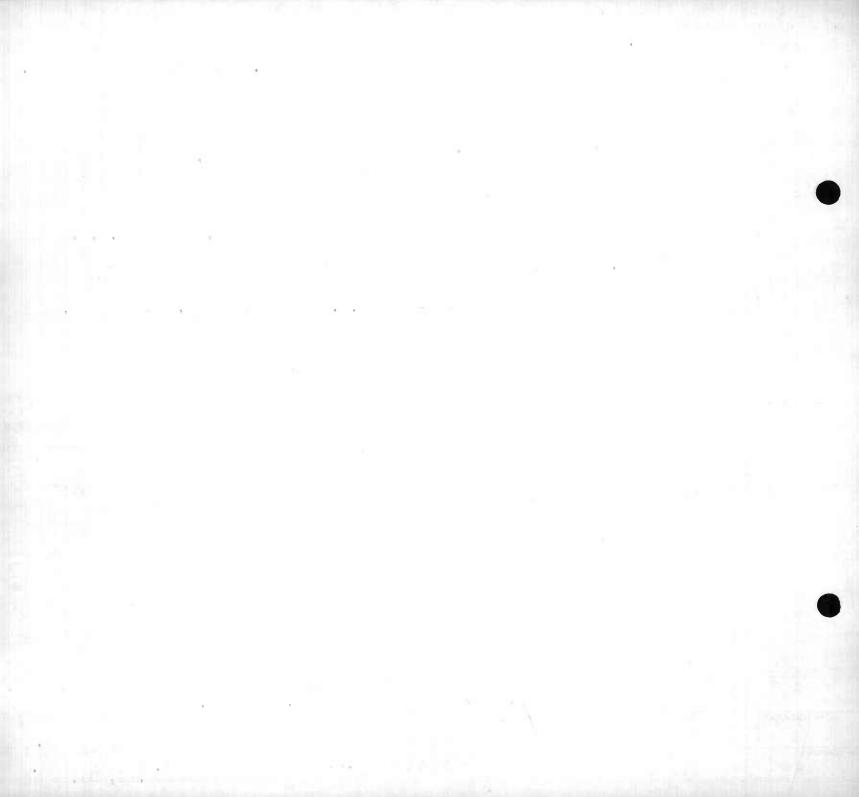
BALTIMORE CITY HEALTH DEPARTMENT

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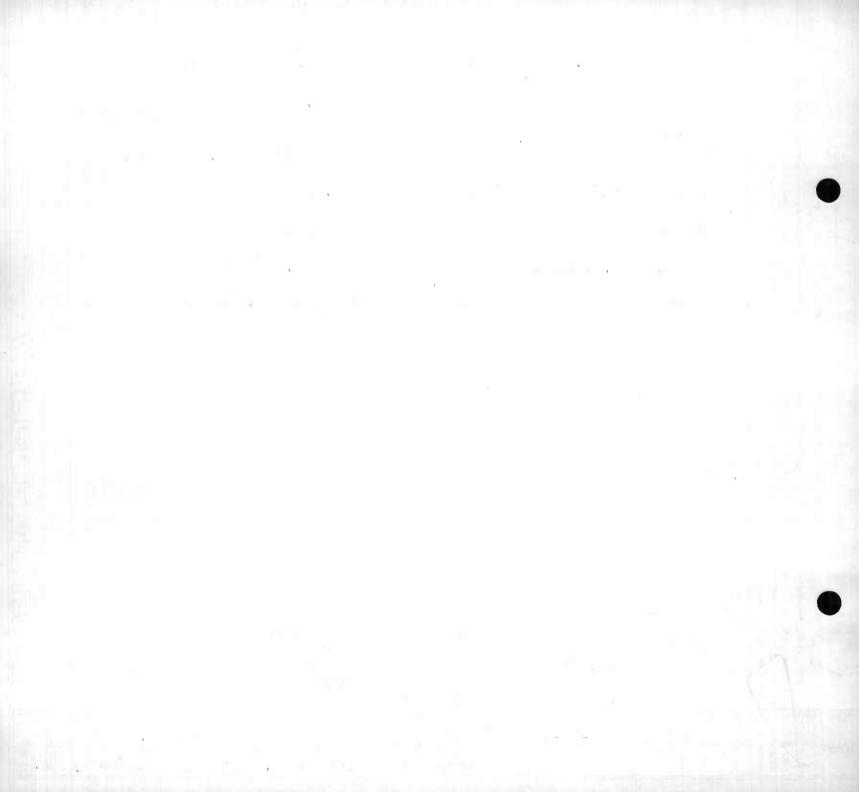
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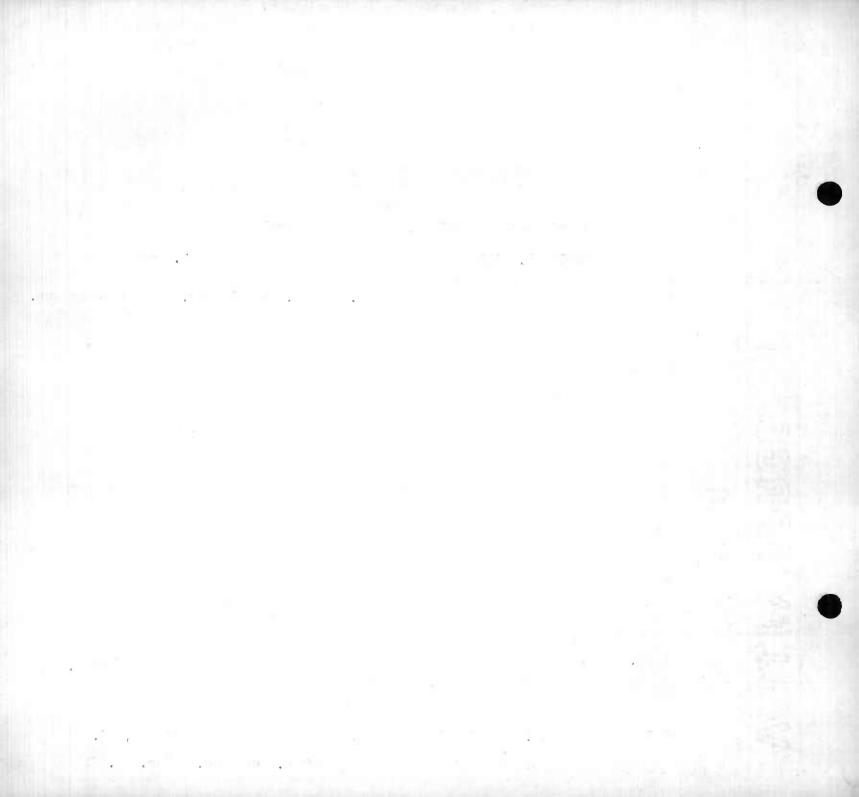
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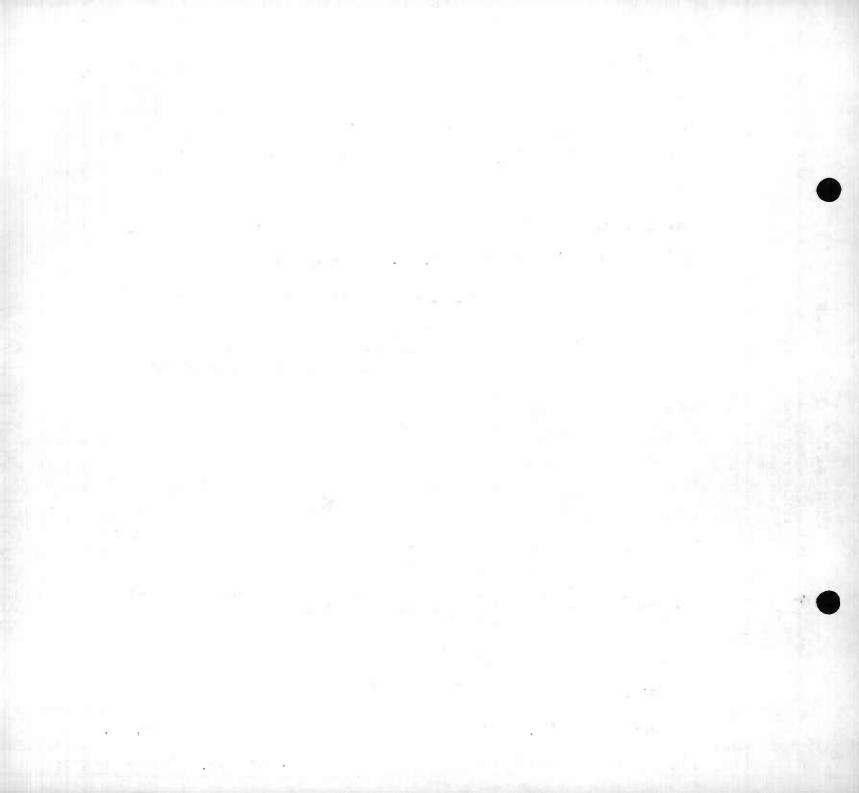
DIRECTOR:

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FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT	(10) indiction
BIRTH NO.	66 01	789 CERTIFICA	TE OF DEATH Regi	stered No. 66 01789
I. NAME OF DEC	CEASED		2, DATE AND HOUR	OF DEATH
(Type or Print)	Catherine	M. Klessell	2/17	1 bb 1 9 32 A
PLACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where decease	ed lived. If institution: residence before admission
			A. STATE B. COUNTY	973
HOSPITAL OR	OF (If not in hospital oddress or tocatio	or institution, give sheet n)	C. CITY OR TOWN (If outside city	limits, write RURAL and give township)
INSTITUTION		0 4 2 4 0	Baltimore 18	mind, this heart one give semising.
Max		neval Hospital	D. STREET ADDRESS (If rurol, give	location)
82	7 Linden	10512 ANA	3637 EIKad	er Rd
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (I lost birthd	n yeors If Under 1 Yr. If Under 24 Hr oy) Months; Doys Hours; Min.
F	Car	Married	11/19/06 5	eq.
		108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
	working life, even if relired)		Maryland	V S A
3. FATHER'S NA	as ewife		14. MOTHER'S MAIDEN NAME	0317
		lasta de EE C		¥
		lastandorft, Sr.	Elizabeth	Nosten
es, no or unknow	d Ever in U. S. Armed For n)(If yes, give wor or dote	rces? es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		213-48-7389	Hospital C	hant
18. / つ	0 V I	CAUSE O		INTERVAL BETWEEN
	SE OR CONDITION DI		. 0	ONSET AND DEATH
	LEADING TO DEATH	in Car	rimen it Bree	7
	nal mean the made of			
	asthenia, etc. It means mplication which caused		o incleasing	milestre
	ANTECEDENT CAUSES	(B)		
DISTACES		DUE TO		
	OR CONDITIONS, if abave cause (A)			
	G CONDITION last.	(0)	·	
5 OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING	agent. It willist	
DISEASE OR	CONDITION CAUSING	IT.		
19A. DATE O	F OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF	YES, WERE FINDINGS CONSIDERED
	WAS FER	PORMIED	No	CHITING CAUSES OF DEATH:
U 21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID	If in Boltimore City, give exact location)
DEATH (notify	medical examiner)	etc.)	mee sings, invoki occok:	
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCC	CUR?
S OF INJURY		While At Not Whil		
(APPROX.)		Work Al Work		
22. I certify	that (1) (this hospita	() ottended the deceased from	1/25 1966	10 2/17 19 66
that(1) (we	Tast sow the deceose	ed olive on 2	19 ond that in my) (our) opinion death occurred on the do
		ted obove. (1) (We) (did) (did not)		
23A. SIGNAT		red obove: (i) (we) (did) (did not) (new the body offer deoff.	23B, DATE SIGNED
23,310	0	CADO M.D. AHO	ending Med. Stoff	258 5412 3151125
1	W who	Delpy Phy	s. Director Phys.	2/17/66
23 C. PHYSICI	AN'S Type)		23D. ADDRESS	
1	ohn M.	Steffy) M.D.	827 Linder	Ave. 21201
4A. BURIAL CRI	MATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D, LOCATION	(City, town, or county) (State)
		66. Woodlawn Cemeter		Baltimore, Md.
Buri			J.	
and hear had not	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C FUNBRAL DIRECTOR	ADDRESS
FEB 1	8 1966 (R. P.	J. E. Talberton	-conard of Ruck In	c. Baltimore Md 21214
S 150-REV. 1/1/	65			

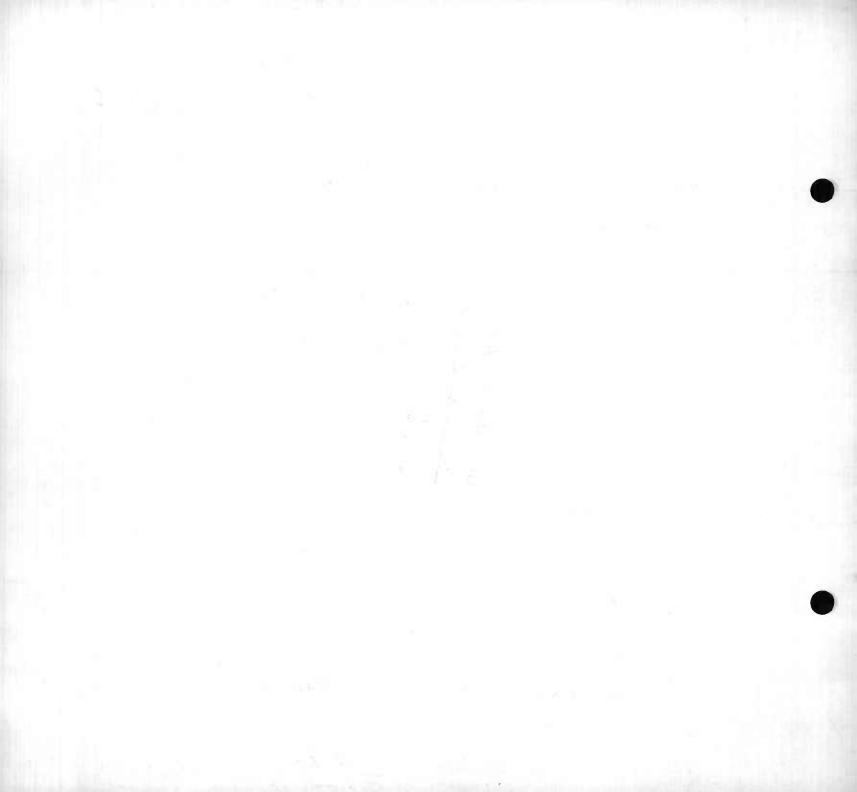


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M.H.

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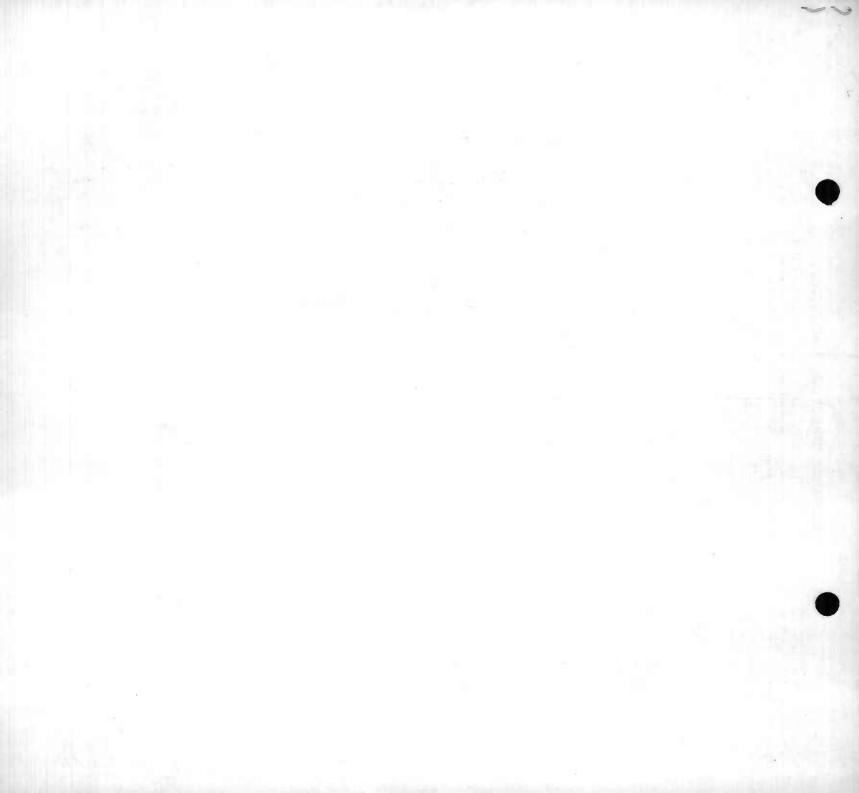
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prior

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CG BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) -15-66 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY FULL NAME OF (If nat in haspital or institution, give street HOSPITAL OR C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION 2900 BERWICK AVE D. STREET ADDRES rural, give lacation) is made 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH If Under 1 If Under 1 Kr. Months: Days If Under 24 Hrs. WIDOWED DIVORCED (specify) last birthdoy) Hours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? CE (State at fareign country RAMS/RESJ LARME. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMAN **ADDRESS** (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. -017 -0244 CAUSE OF DEATH 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) (B) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the

UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 D. TIME (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Wark Wark 22. I certify that (1) (this hospital) attended the deceased from 66 that (1) (48) lost saw the deceased alive on and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did-not) view the body after death. 23A. SIGNATUR 23B. DATE SIGNED Attending L M.D. Med. Staff Director Phys. 23C. PHYSICIAN 23D. ADDRESS NAME (In M.D 24A. BURIAL CREMIATION 24B. DATE E of CEMETERY of CREMATORY 24D. LOCATION City, tawn, or county) REMOVAL (Specify) MEM



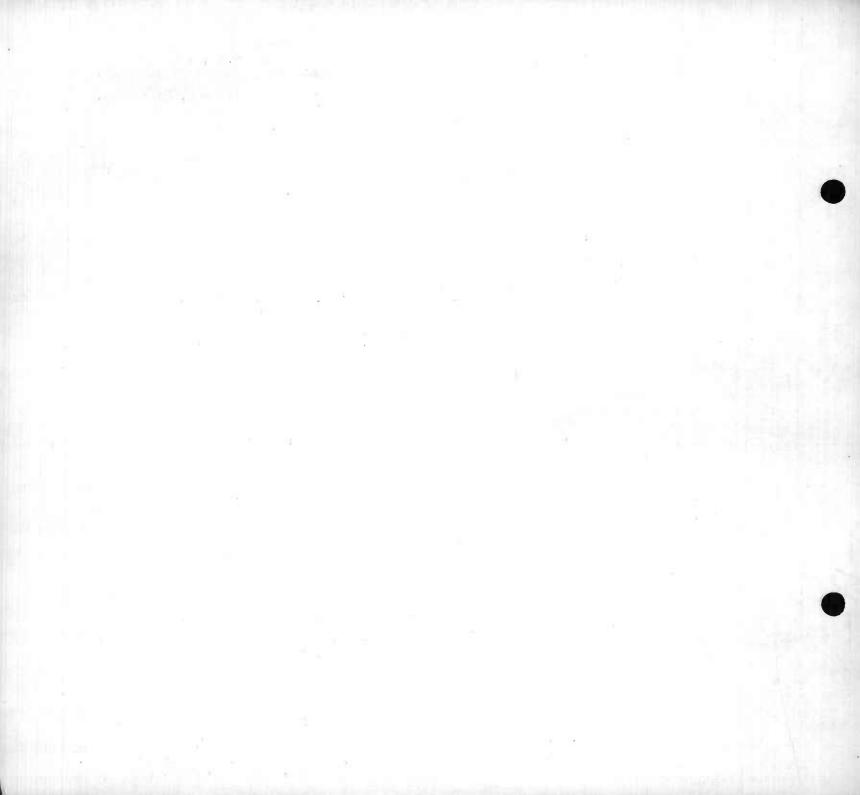
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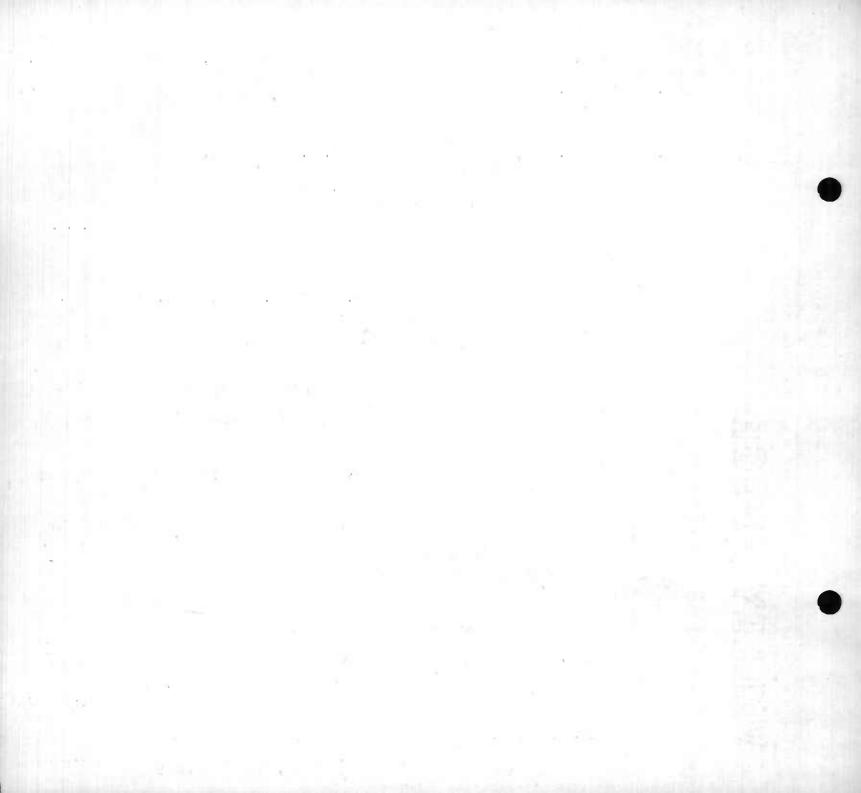
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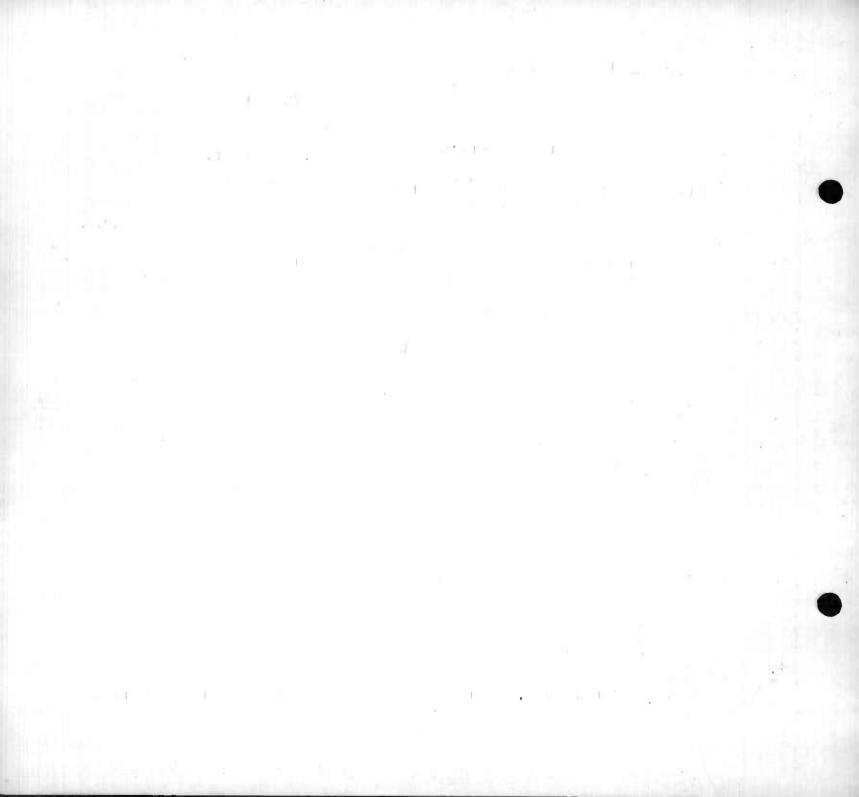
24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specily) Baltimore, Maryland Feb.19,1966 Druid Ridge Cemetery 25C. FUNERAL DIRECTOR
G. Tryman Schwab, 3512 Frederick Ave.
Baltimore, Maryland, 21229 25A. DATE REC'D BY HEALTH DEPT. 2500 NAME OF REGISTRAR VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	66 017			ATE OF BEATH	Destate J.M.	66 01797
			CERTIFIC	ATE OF DEATH	Registered No.	
NAME OF DEC	CEASED			2. DATE	AND HOUR OF DEATH	1
(Type or Print)	Mary D. Wype	er		Febr	uary 17, 1966	6 11:15 P
. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If	institution: residence before admis
515 S. Collins Ave.				Baltimore,		
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)					RURAL and give township)	
NOITUTITZMI				Baltimore	2	-79
					If rural, give location)	0 0 0
515 S. (Collins Ave.			515. S. Coll	ins Ave.	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Months Doys Hours Mi
Female	White		D, DIVORCED (specify)	Nov. 29, 1876	lost birthdoy)	Months Doys Hours Mi
OA. USUAL OCC	UPATION (Give kind of work	108, KIND O	BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	working life, even if retired)			Scotl	and	WHAT COUNTRY?
HOUS	sewife ME			14. MOTHER'S MAIDEN N		0.0.4.
	go Duncan				Morton	
					1101 0011	
5. Was Deceased Yes, no or unknown	d Ever in U. S. Armed Fore n)(If yes, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			none	Mr. William D.	Wyper, 515	S. Collins Ave.
18.	31X1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY		0 0 0 0		ONSET AND DEATH
	LEADING TO DEATH		(A)	cerenic to	contribuse	0 15 175
	not meon the mode of osthenio, etc. It means		DUE TO			
	mplication which caused			antinina	000000	12/16/01
	ANTECEDENT CAUSES		(8) DUE TO	go on cost	NO CONTROL	
DISEASES	OR CONDITIONS, if					
				him to		124001
rise to th	e obove couse (A) G CONDITION lost.		(C)	hyperte	usián	1240
rise to th	e obove couse (A) G CONDITION lost.		(C)	hyperte	usián	1240
rise to th	e obove couse (A) G CONDITION lost. IFICANT CONDITIONS C	stoting the		hyperte	usian	1240
rise to th	e obove couse (A) G CONDITION lost.	Stoting the		Cormery	usión ensufficie	12yrs
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OTHER SIGN TO THE DISEASE OR	e obove couse (A) G CONDITION lost.	ONTRIBUTING TED TO THE	E	Coronery (Yes or	ensufficie No) 20B. IF YES, WERE IN CERTIFYING C.	1240 Types FINDINGS CONSIDERED AUSES OF DEATH?
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DIRECTOR:

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M.D. 5907 GWYNY OAR FUE 21207

24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY

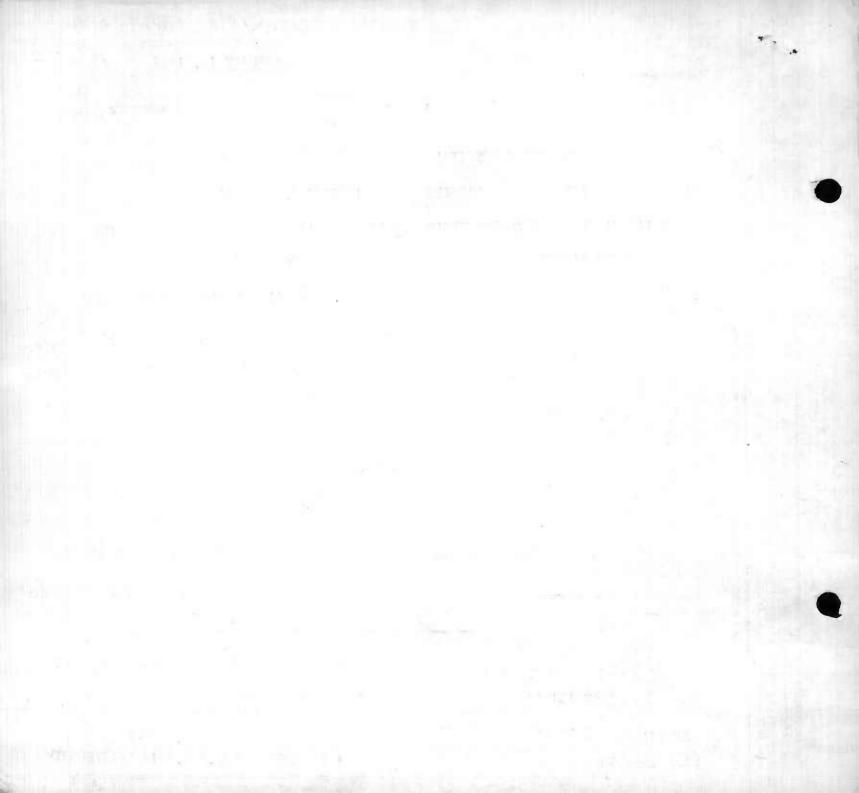
BURIAL 2/17/66 BNAI JACOB

BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT. 125 NAME OF REGISTARD

SOL LEVINSON BROS. INC. 6010 REISTERSOUWN RD

VS 150-REV. 1/1/65



- L: 100 K-320

. /1/2	01001	DALTIMORE CITT	ILACITI DEI AKTMENT		0.0
BIZTH NO. OO	MEDICAL	EXAMINER'S	CERTIFICATE (OF DEATH Registere	d No

M.E. CASE NO								
1. NAME OF (Type or Print)	DEGEASED	Mayor	(Labe) Katz		2. DATE AND	HOUR PRONOUNCE		. 4.09 a.
3. PLACE IN B	ALTIMORE MARYLAND, W	Mayer WHERE PRONOU		4. USUAL RESID			tution: resi	dence befare admission)
HOSPITAL OR	ADDRESS OR LOC	ALOR INSTITU	HON, OLVE STREET	C. CITY OR TOW	aryland	carparate limits, write	RURAL or	nd give township)
INSTITUTION	ADDRESS ON LOG	~ 110111	3-25-00		altimore	1	5	- J
2				D. STREET ADDR				
	Sinai Hospita	1		2	907 Dawle	Unichta Ar	10	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		Heights At	If Under	r 1 Yr. If Under 24 Hrs.
male	white		DIVORCED (specify)	11/6/51		last birthday)	Manths	Days Haurs Min.
	CCUPATION (Give kind of wor		married Business or industry		State or foreign	ca untry)	12. CITIZI	FN OF
dane during mast	af warking life, even if retired).		hoo1		c, New J			T COUNTRY?
13. FATHER'S N		30	HOOL	14. MOTHER'S MA		crocy	1	
	oi Leon Katz ASED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL	Ine.	a Herzog		ADDRESS	
	wn) (If yes, give war ar date		SECURITY NO.					
no			none	Rabbi L	eon Katz	32 Laurel	Ave	Clifton, N. J
IB.	EASE OR CONDITION D	DECTIV	CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
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Heun Idil	es nat mean the made of ure, asthenia, etc. It means camplication which caused	s the disease.	DUE-TO		xtensive			-000 DA 000 000 00 00 00 00 00 00 00 00 00 00
	ANTICINETUT CAUC							
DISEASE	ANTECENDENT CAUSE S OR CONDITIONS, IF A		(B)			***************************************		
RISE TO	THE ABOVE CAUSE (A) S YING CONDITION LAST.	TATING THE	DOF 10					
	TING CONDITION LAST.		(C)					
2	II							
U TO THI	GONIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T	IG HE					
19A. DATE			WHICH OPERATION	20A, AUTOPSY?	Yes or No) 20	B. IF YES, WERE FIN	DINGS C	ONSIDERED
0	WAS PER	FORMED			IN	CERTIFYING CAUSE	S OF DE	ATH?
ZIA. EXTER	NAL CAUSE WAS	218, 1	PLACE OF INJURY (e.g., i farm, factory, street, a	n or about 21C. W	HERE DID (IF	in Baltimare City, give	e exact la	cation)
21 A. EXTERIO	GROR CONTRIB- AUSE OF DEATH.	etc.)						
E 21D TIME	(Manth) (Day) (Yea	r) (Haur) [2'	house		Park ng	hts. Ave.	1	
OF INJURY (APPROX.)						OCCOR:		
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res	sulted from: Notural co	uses A	ccldent Sulcide	Mincentrol	Ten	determined monner	Lum	
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	TURE WWW	7 0 ,	M.D.	ASSISTANT ME			2/	15/66
NAME	(Type) Werner			ASSOCIATE ME	EDICAL EXA	MINER		
REMOVAL (Spe		230	NAME of CEMETERY of	CREMATORY	23 D. LOC	ATION (City,	lawn, ar c	county) (State)
burial	2/8/6	6 P	assaic Junctio	n Cemetar	y Pass	aic New Je	rsey	
	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	-			DDRESS
FEB 2	1 1966 Q.C.	18. Fan	Gar MA			Bros., Inc.		Reisterstown
VS 151-REV. 1/	1/65	1	A A H A	7				Rd.

RUSSELL S. FISHER, M.D.
CHIEF MEDICAL EXAMINER
CHARLES S. PETTY, M.D.
ASSISTANT MEDICAL EXAMINER
RUDIGER BREITENECKER, M.D.
ASSISTANT MEDICAL EXAMINER
JOHN E. ADAMS, M.D.
ASSISTANT MEDICAL EXAMINER
HENRY C. FREIMUTH, PH.D.
TOXICOLOGIST
PAUL SCHWEDA, PH.D.
ASSISTANT TOXICOLOGIST



THE MARYLAND POST MORTEM EXAMINERS COMMISSION

IVAN L. BENNETT, JR., M.D., CHAIRMAN HARLAN S. FIRMINGER, M.D., VICE-CHAIRMAN ROBERT E. FARBER, M.D. CAREY JARMAN PERRY F. PRATHER, M.D.

STATE OF MARYLAND DEPARTMENT OF POST MORTEM EXAMINERS

OFFICE OF THE CHIEF MEDICAL EXAMINER

700 FLEET STREET
BALTIMORE-2, MARYLAND
March 21, 1966

1801

Mr. Sidney Norton
Baltimore City Health Department
Vital Records
American Building
Baltimore, Maryland 21202

re: Mayer (Labe) Katz Shmuel (Samuel) Katz Date of Death: February 8, 1966

Dear Mr. Norton:

Confirming Dr. Fisher's telephone conversation today, please be informed that I have reviewed the circumstances concerning the deaths of the above named individuals and would like to amend the death certificates under Item 22 to read that death in my opinion resulted from unintentional homicide.

These death certificates were signed by myself and I would request that all future copies of the certificates to be released should bear the addition noted above.

Yours very truly,

Werner U. Spitz, M.D.

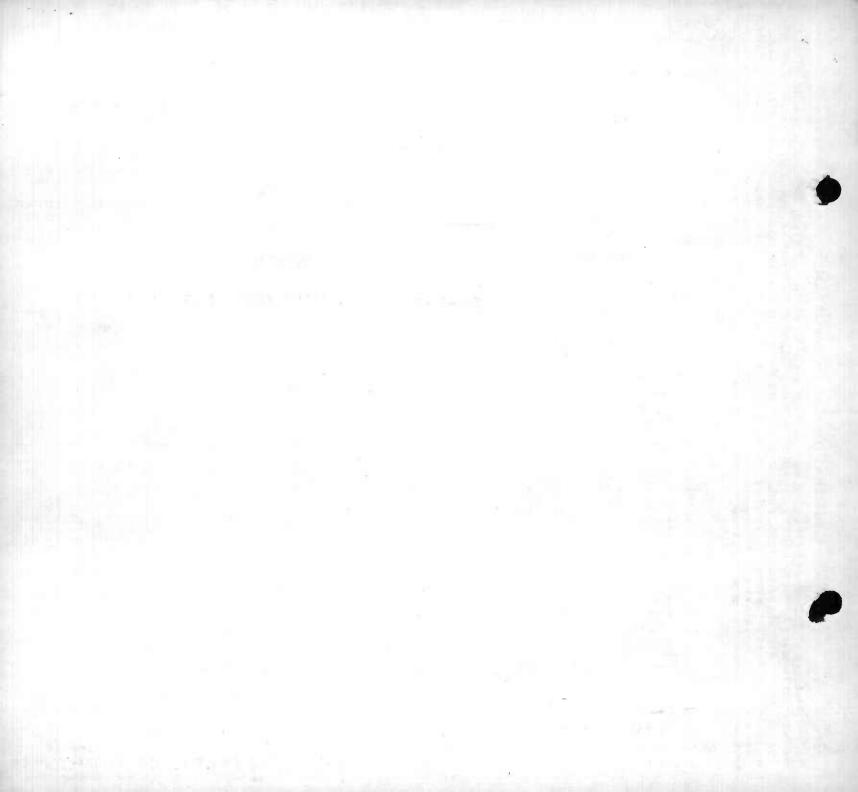
Assistant Medical Examiner

WUS/vkh

cc: Mr. Melvin J. Sykes

(March 1. 7 (L.)

V\$ 150-REV. 1/1/65



66 01803 MEDICAL E	VA MAINIED'S CE	RTIFICATE OF	NEATH Bastana	od Na d	
MEDICAL E.	AAMIINEK 3 CE	KIIFICATE OF L	JEA I I Register	1 10.	
1. NAME OF DECEASED		2. DATE AN	D HOUR PRONOUNCE	D DEAD	
(Type or Print) Shmuel (Sa	muel) Katz		2/8/6	6 4:09	a
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (Where	deceased lived. If insti	lution: residence before	odmis sion
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	TUTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside	cornorate limits write	PILPAL and give towns	e bio)
HOSPITAL OR ADDRESS OR LOCATION)	ENDED	C. CITI OR TOWN (II Obiside	e corporose innins, wille	T-/)	inip)
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) -2 7-00				
		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Und	
	DIVORCED(specify)	9/27/51	lost birthdoy)	Months Doys Hours	Min.
male white neve	r married of Business OR INDUSTRY			12. CITIZEN OF	1
done during most of working life, even if retired) student sch	001	New York		WHAT COUNTRY!	
Student Sch 13. FATHER'S NAME	.001	14. MOTHER'S MAIDEN NAME		ODE	
Rabbi Michael Katz		Hinda Tart	82		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	Bronx
(Yes, no or unknown) (If yes, give wor or dotes of service)		Rabbi Michael Ka	tz 1453 Wa		Y.
18 9812 V		OF DEATH		INTERVAL B	
2 70 5 /				ONSET AND	DEATH
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(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	-D-U-E-T-O -	extensive burns			**********
injury or complication which coused death.)					
ANTECENDENT CAUSES	(B)				
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO				
UNDERLYING CONDITION LAST.	(C)				
2					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				7 1 1	
DISEASE OR CONDITION CAUSING IT.	.000				
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS		
₹ 21 A. EXTERNAL CAUSE WAS 21B.	PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID	If in Boltimore City, giv	e exact location)	
UNDERLYING OR CONTRIB-	e, form, foctory, street, of	fice bldg., INJURY OCCUR?			
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OF INJURY					
22. 2 8 66 a. m.	WORK AT WO	house fire			
1 certify that I held on Inquiry		Whintenth the tan thi	s bosis, deoth In m	y opinion	
resulted from: Notural couses	Accident Suicide	Homicide X L	Indetermined monne	r -	
11/20	67-1-	CHIEF MEDICAL EX		DATE SI	GNED
SIGNATURE MUTTILS IN.	SNC M.D.	ASSISTANT MEDICAL EX	AMINER X		OIIL
EXAMINER'S Werner U. Spitz	, M.D.	ASSOCIATE MEDICAL EX	AMINER [2/15/66	
	3C. NAME OF CEMETERY OF	CREMATORY 230. L	OCATION (City,	town, or county)	(Stote)
	Passaic Juncti	on Cemetary Pas	saic-New Je	rsey	
	OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS	10
· FEB 21 1966 @ 6 8.	Farbound	Sol Levinson &	Bros.Inc.	6010 Reister	stow
VS 151-REV. 1/1/65	5 0 0 0	9 1 8 0)	Nu.	

RUSSELL S. FISHER, M.D.
CHIEF MEDICAL EXAMINET

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STATE OF MARYLAND DEPARTMENT OF POST MORTEM EXAMINERS

OFFICE OF THE CHIEF MEDICAL EXAMINER

700 FLEET STREET
BALTIMORE-2, MARYLAND
March 21, 1966

66-1801 66-1803

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Baltimore City Health Department
Vital Records
American Building
Baltimore, Maryland 21202

re: Mayer (Labe) Katz Shmuel (Samuel) Katz

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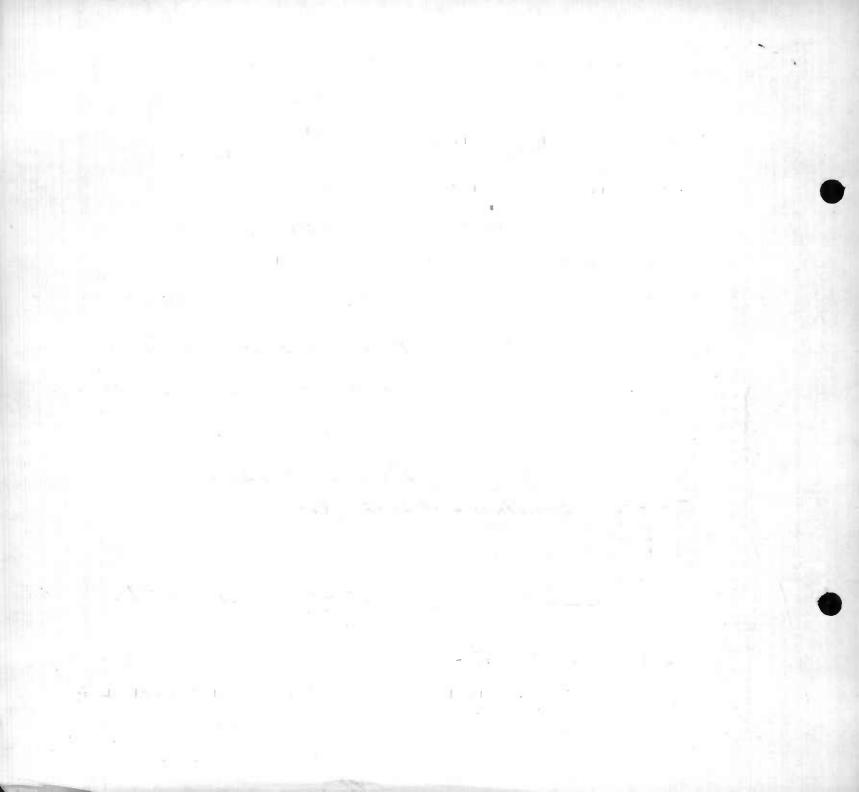
Assistant Medical Examiner

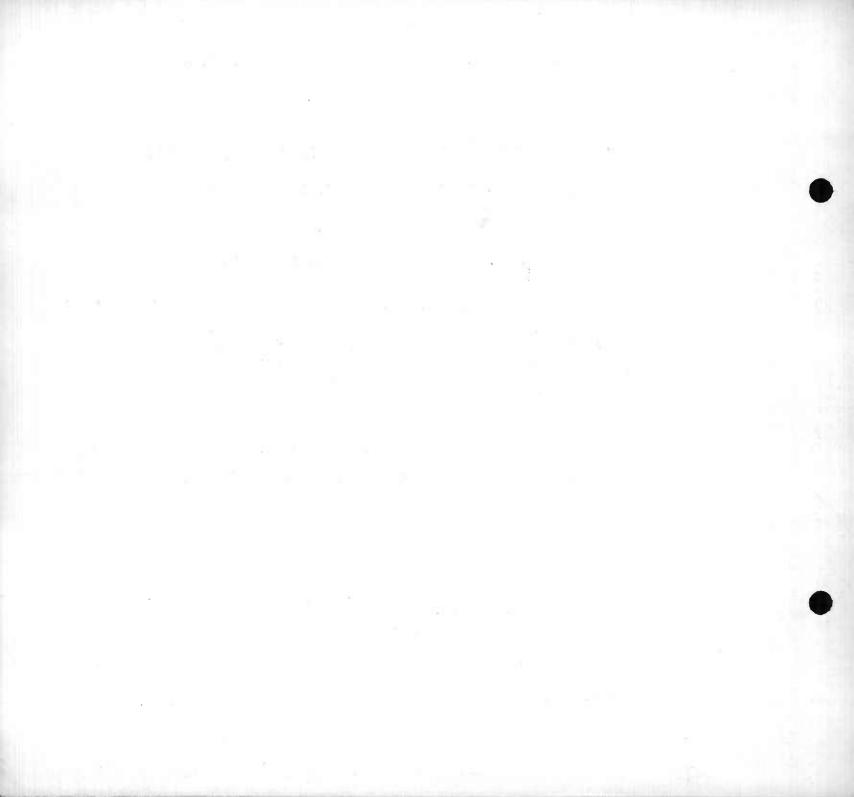
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BALTIMORE CITY HEALTH DEPARTMENT

66 01804

VS 150-REV. 1/1/65





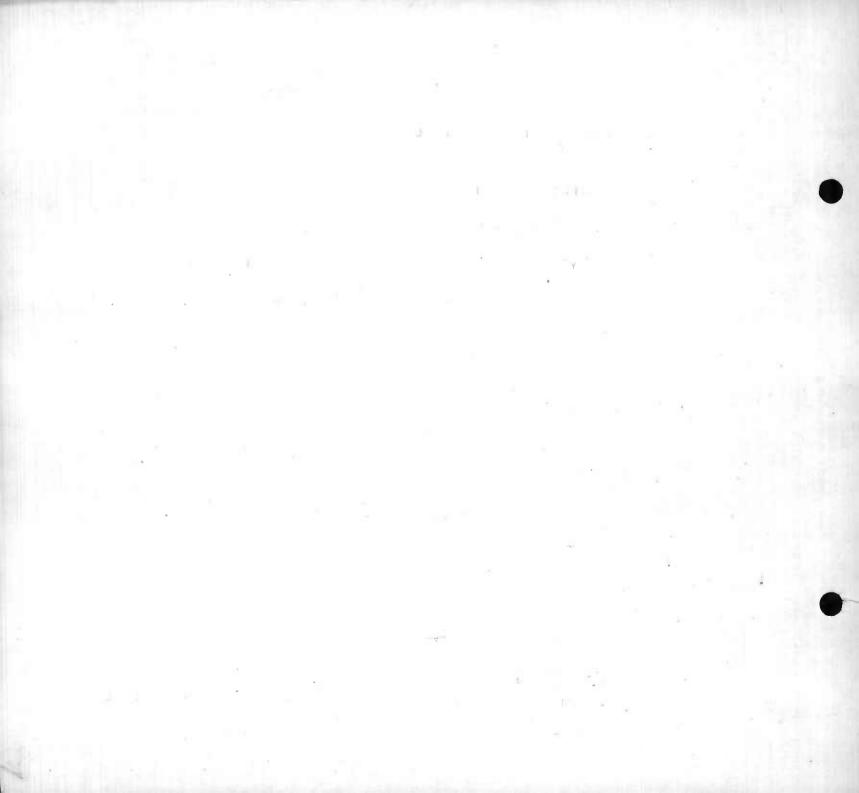
928 E. North

24B NAME OF REGISTRAR

VS 151-REV. 1/1/65

v.s. 153 2-25-66 M.H.

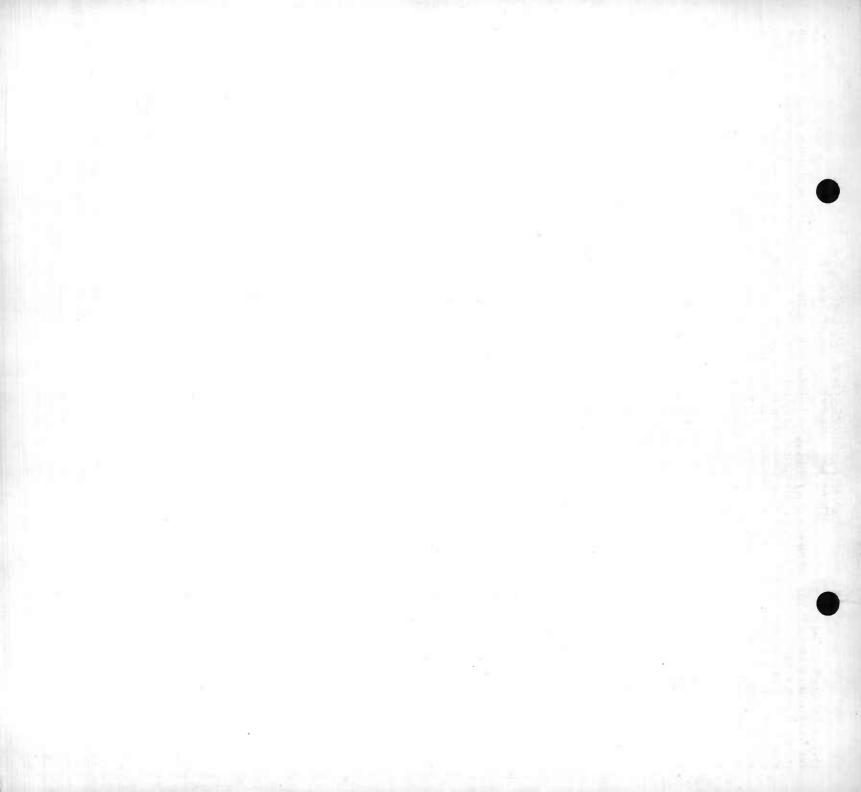
200	RTH NO. 66 01807 CERTIFICATE OF DEATH Registered NG.6 01807
5 T.	NAME OF DECEASED SEORGE E. MURPHY 12. DATE AND HOUR OF DEATH 150 PM 150 PM 150 PM 150 PM 150 PM 150 PM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)
5	THE JOHNS HOPKINS HOSPITAL O. STREET ADDRESS (IT WOOL, give location) 103 Riche Higher as
10	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) HITE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 1. BRTHPLACE (Stote or foreign country) 1. BRTHPLACE (Stote or foreign country) 1. BRTHPLACE (Stote or foreign country) 1. CITIZEN OF WHAT COUNTRY?
	Retired Mechanical Inspector Boston, Massachusetts Refers NAME Mechanical Inspector Boston, Massachusetts 14. Mothers Maiden NAME
	GEORGE MURPHY CATHERINE CULLENS
(Y	(S. Was Decessed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 577-07-0969 Marie K. Murphy 414 E. 58th St. New York, No. 18.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.
1 6	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 2004. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	WAS PERFORMED WAS PERFORMED Color NO
6	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
	22. I certify that (I) (this hospital) attended the deceased fram 2/5 19/6 to 2/8 19/6 that (I) (we) last saw the deceased alive on Feb. 7 19/6 ond that in(my) (aur) opinion death occurred an the date and haur ond fram the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Stoff Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) R. BRISMAN M.D. THE JOHNS HUPKINS HOSPITAL
	44. BURIAL CREMATION, REMOVAL (Specify) Burial 2-22-1966 Sacred Heart SAL DATE REC'D BY HEALTH DEPT. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) Baltimore County, Maryland 25C. FUNERAL DIRECTOR ADDRESS
	FEB 21 1966 C. L. D. C.

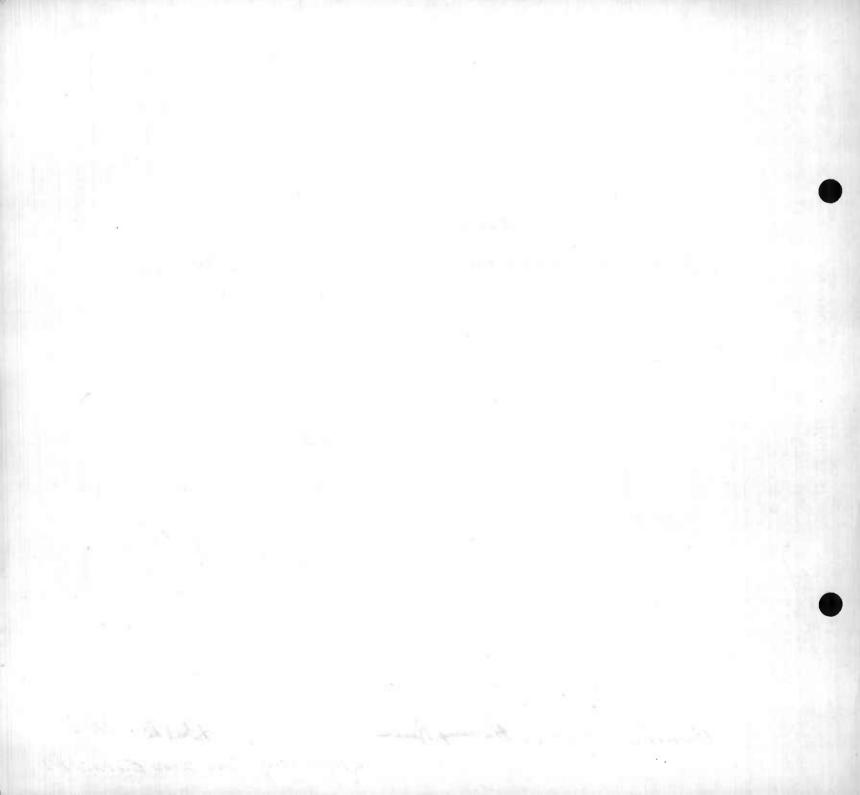


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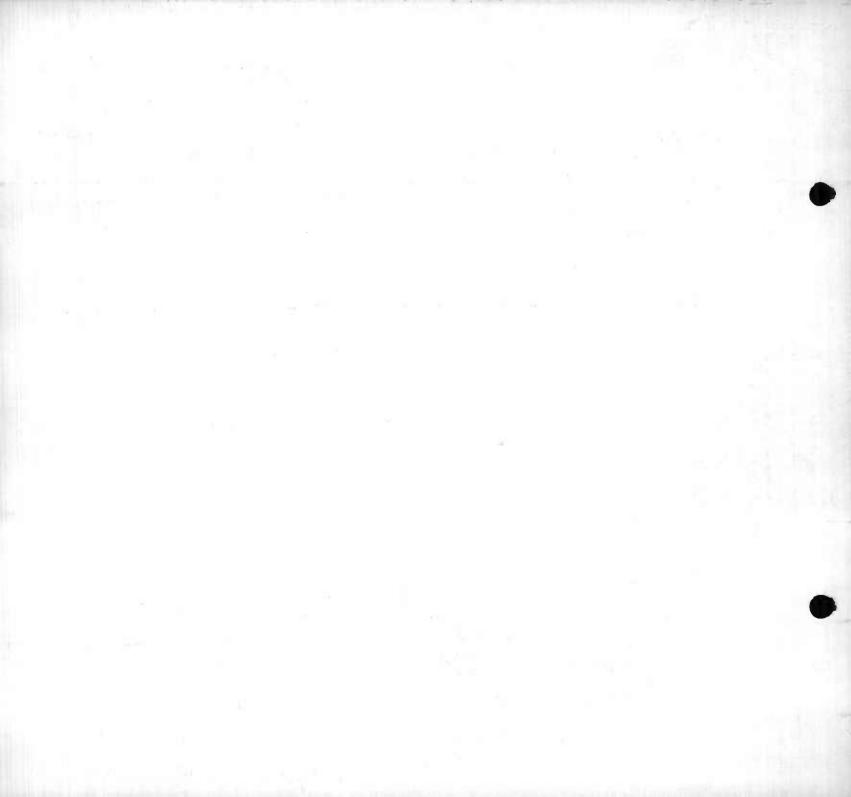
DIRECTOR:

FUNERAL

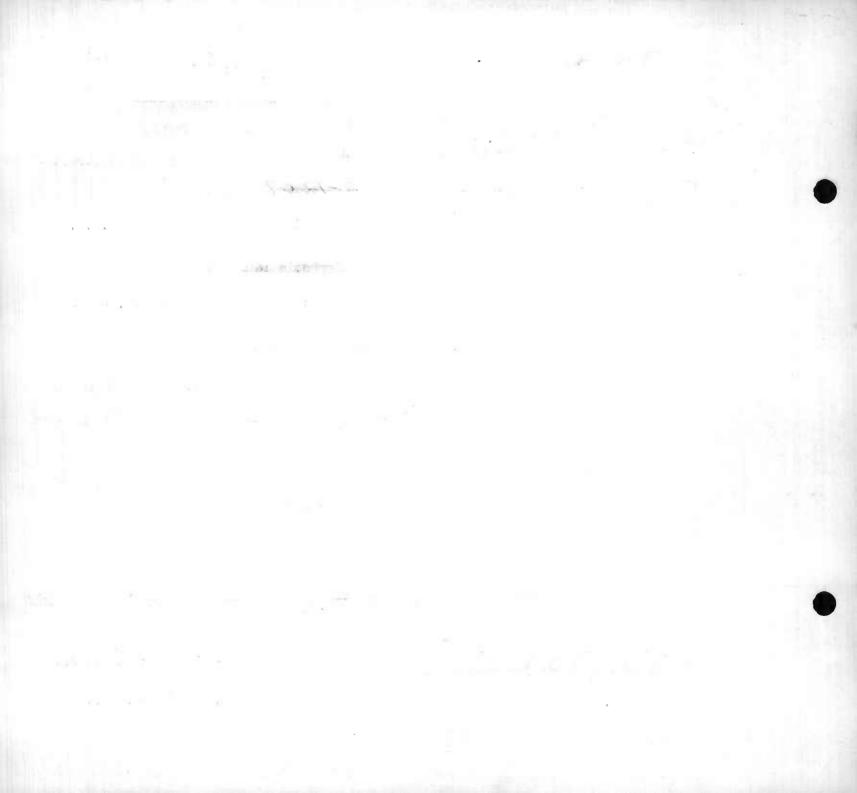




BI	4080	TE OF DEATH V Registered No.66 01810
1.	A.E. CASE NO. NAME OF DECEASED Type or Print) John Kurowski	2. DATE AND HOUR OF DEATH Feb. 15, 1966 3.55, m. A
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY Md.
	US Public Health Service Hospital Wyman Pk. Drive & 31st Street	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rord, give location) 8002 Duvall Avenue
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 9/25/85 If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min. 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF
de	nee during most of working life, even if retired) Retired USA	Wisc. What country?
	3. FATHERS NAME JOSEPH KUROWSK 5. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL	14. MOTHER'S MAIDEN NAME So Sophine -
(Y	Yes USA 1912-1943 CAUSE O	Records - US PHS Hospital, Balto, Md.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	venticular fibrillation
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194-DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
7 14	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notity medical examiner)	n or about 21C. WHERE DID (If in Boltimore City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Work	
	22. I certify that (1) (this hospital) attended the deceased fram	19 66 and that in(my) (guy) apinlan death accurred an the dat
	23A. SIGNATURE Physician's NAME THE SHARVELLE M.D. Atte	ending Med. Stott
25	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE BURIOU 2-19-66 OAL COUNTY 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF PREGISTRAR FER 9 1 1086 O O O O O O O O O O O O O O O O O O O	ematory 24D, Location (City, Jown, or county) (Stote) ence tery Dollton (MC). 25C/JUNERAL DIRECTOR ADDRESS
V:	S 150-REV. 1/1/65	1) I hop & wach 1211 Chosaco But.



M 100 to June 4-7-85 42 temb potentials the possession of the St. linduck on. 17 E 85 41 -1 Robert L. Bruntack



BALTIMORE CITY HEALTH DEPARTMENT

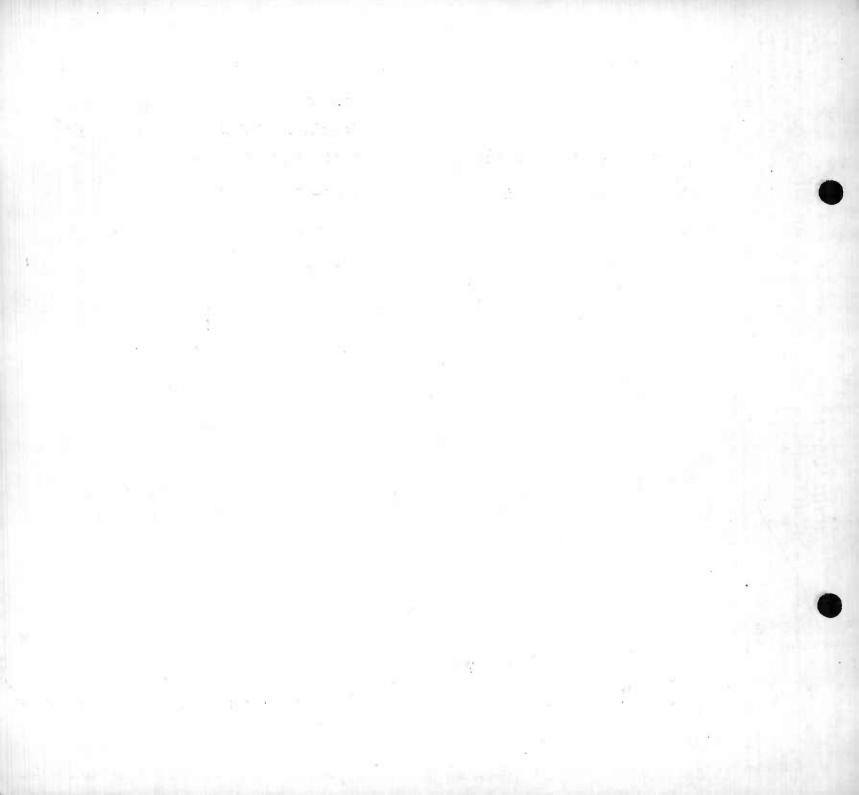
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PLUMBER CENTRUCTON FRANKLIS HOLLEN IN HELLING ACCOUNTS KNIMENSTEDT FRANCES HOBBERT

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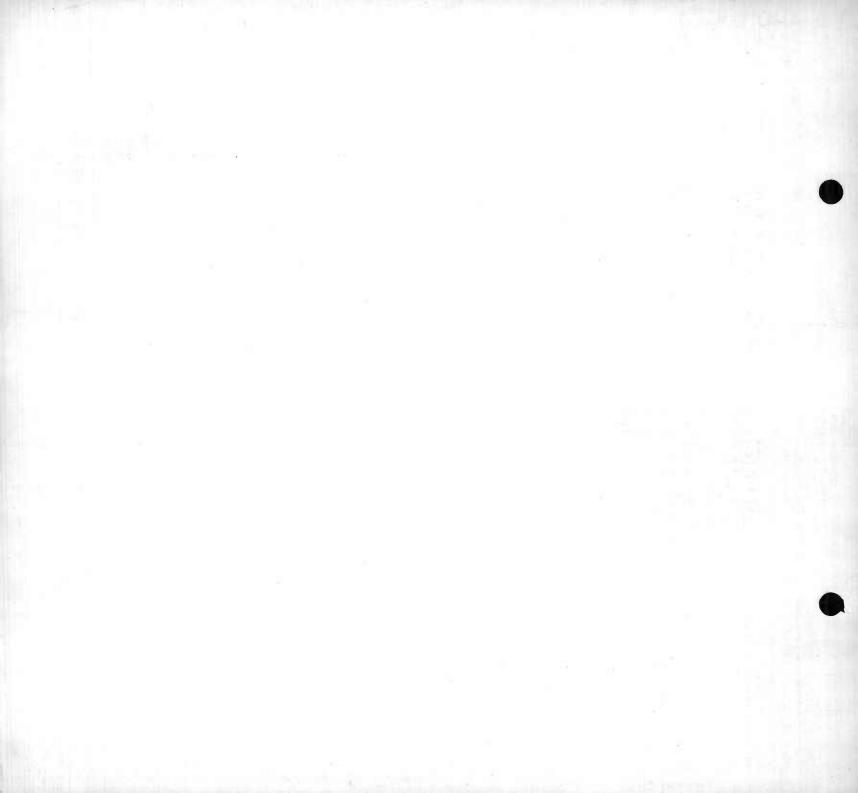
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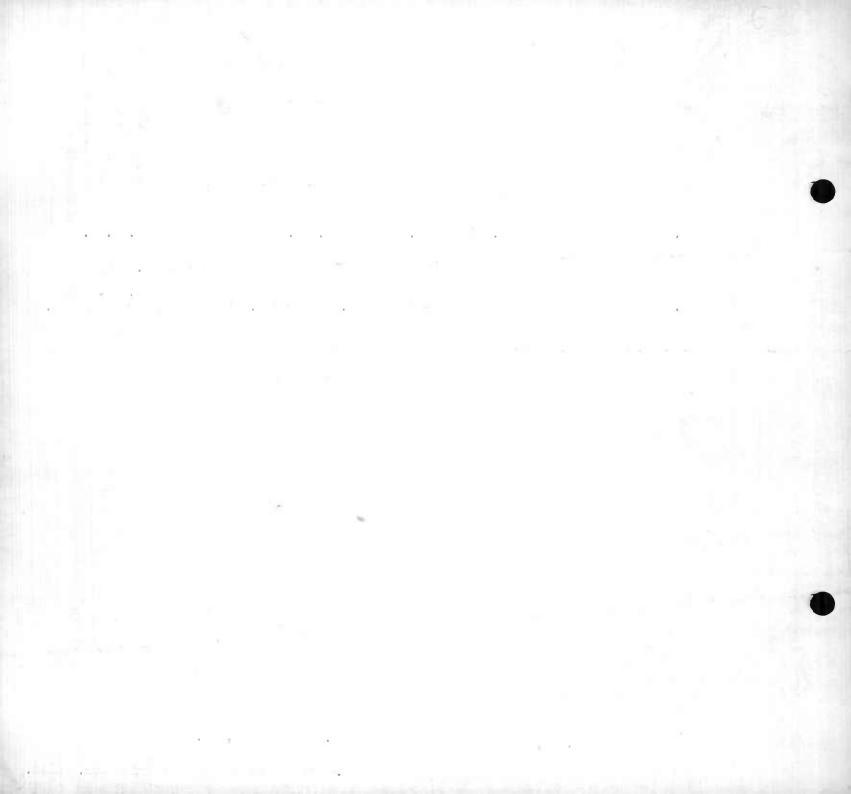
FUNERAL



	BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO. 66 (1181	6 CERTIFICA	TE OF DEATH	Registered No.	6 01816		
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE A	AND HOUR OF DEATH			
(Type or Print) WHEELER . ED	WIN ERI			966 11	30A W	
3. PLACE OF DEATH IN BALTIMONE, MARYLAND		4. USUAL RESIDENCE (WE A. STATE B. COU	here deceased lived. If	institution: residence befo	re admission)	
FULL NAME OF (If not in hospital or institu	Ition, give streel	MD		2005	,	
HOSPITAL OR oddress or location) INSTITUTION			outside city limits, write	RURAL and give towns	nip)	
ST AGNES HOSPITA		BALTIMORE				
O ST Adites Host HA	· Once	903 WILMINGTON AVE.				
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		Jnder 24 Hrs.	
MALE 6. RACE WHITE 7. MAI	SINGLE (specify)	9-8-83	lost bighdoy)	Months Doys Hou	rs Min.	
OA. USUAL OCCUPATION (Give kind of work 10B. KIN	OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR	V2	
RETIRED - HOSTLER	PENN. R.R.	BALTIMORE		WHAT COUNTR	12	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
HAROLD WHEELER	2	FRANCES S	SHAW			
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	P 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADDRESS		
(Yes, no or unknown) (If yes, give war or dates of ser	717 07 71	81 ST AGNES	HOSPITAL	CATON & WI	IKENS	
18.44.20 1.4 1/2		OF DEATH	0	0111011	ETWEEN	
DISEASE OR CONDITION DIRECTLY	P	ulmossy	y reter	ONSET AND		
LEADING TO DEATH	d	1.70	10 6:0	2	f	
(This does not mean the mode of dying,		January Comment	The same		HOO.	
heart failure, asthenia, etc. It means the dis	eose, all	fleosterg	a garde	0,-		
ANTECEDENT CAUSES	(B)	- vere	new		K 444440-00 0000 000 000 000	
	DUE TO					
rise to the obove couse (A) stoling		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
UNDERLYING CONDITION lost.						
Z OTHER REPUBLICANT CONTROLS CONTROL	LITING					
OTHER SIGNIFICANT CONDITIONS CONTRIB		2 8 -	The state of the s	for a		
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 20B. IF YES. WERE	FINDINGS CONSIDERE	D	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH SUPPLY NOT RELATED TO THE DEATH SUPPLY NOT RELATED TO THE DEATH SUPPLY NOT RELATED TO THE DEATH (notify medical examiner) 2) A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)		YES	IN CERTIFYING C	FINDINGS CONSIDERE AUSES OF DEATH?		
U 21A ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimo	re City, give exoct loco	ion)	
DEATH (notify medical examines)	etc.)	office bldg., INJURY OCCUR?				
O 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?			
E (APPROX)	While At Not Wh					
	Work Al Work		77		,,	
22. I certify that (1) (this hospital) atten		FEB 13	166	B 16	166	
that (I) (we) last saw the deceased alive	an FEB	16 1966 and	that in (my) (aur) as	oinian death accurred	an the dat	
and haur and fram the causes stated aba	ve. (I) (We) (did) (did nat)	view the bady after death	n.			
23A. SIGNATURE	01)			23 B, DATE SIGNED		
Jeorge C. Com	ge SeM.D. At	tending Med. Director	Stoll Phys.	2-16-66		
23C. PHYSICIAN'S	7	23D. ADDRESS				
NAME GEORGE E. ENGL	EKE M.D	CATON & WIL	KENS AVENU	JE		
	4C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION	City, town, or county)	(Stote)	
SEMOVAL (Specify)	7.1.13.1	P.	R-18	m	el.	
25A. DATE REC'D BY HEALTH DEPI. 25B. N	ME OF REGISTRAR	25C, FUNERAL DIRECTO	one.	ADDRES	2	
FEB 21 1986 A 01 8-1	Calleso Mile 17	1 Anla Par	TR.	el Home to	-11.12.	
We led boy 1/1/1/2	-,	The standard	And Walley	Colors	MYPY	
VS 150-REV. 1/1/65						

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VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD February 17, 1966 4:00 JOHN L. BACON 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (If rurol, give location) 12 W. Read Street, Apt. 2F 12 W. Read Street, Apt. 2F 9. AGE (In years lost birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) Male White 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Unknown
13. FATHER'S NAME Montclair N.J. U.S.A. Unemployed M. Charlotte Higgins George W. B acon 6. SOCIAL SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) 48 Elston Rd. Montclair H. Charlotte (Higgins) Bacon ***** 094-24-8580 Mrs. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Barbital Intoxication. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFI DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 218. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, steel, office bldg., INJURY OCCUR? Yes 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-MEDIC UTING CAUSE OF DEATH. 12 W. Read Street, Apt. 2F Home 21 D TIME (Month) (Doy)

21F. HOW DID INJURY OCCUR?

21 E. INJURY OCCURRED (Year) (Hour) 166 NOT WHILE MHILE AT WORK

Inspection

Overdose of barbital.

resulted fram: Natural causes Accident ACTUAL cele SIGNATURE

I certify that I held an Inquiry

Autapsy X and that an this basis, death in my apinian Suicide X Hamicide Undetermined manner

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X

DATE SIGNED 2/18/66

Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION, 23C. NAME of CEMETERY of CREMATORY

ASSOCIATE MEDICAL EXAMINER

(Stote) 23D. LOCATION (City, town, or county)

Cremation 2/10/66 Gree Baltimore, Maryland Greenmount 24C, FUNERAL DIRECTOR 1217 St. Paul St.

VS 151-REV. 1/1/65

EXAMINER'S

OF INJURY

REMOVAL (Specify)

(APPROX.)

22.

Wm. Cook-Brooks Inc Baltimore, Md. 21202

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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered N& 6 11819 66 01819 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) February 17, 1966 | 25 PM M

USUAL RESIDENCE (Where deceased lived, If institution: residence before admissian) JOHN K. BARCLAY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Gould Convalesarium Baltimore
D. STREET ADDRESS 6116 Belair Rd. (If rurol, give location) Baltimore, Md. 21213 3013 The Alameda 7. MARRIED, NEVER MARRIED S. SEX If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Months Doys Hours Nov. 2,1875 Male White Widoewd 90 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Retired Jersey City, N.J. Salesman 14. MOTHER'S MAIDEN NAME Elizabeth Adams William Barclay 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL 3013 The Alemeda (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO 083-03-7277 Mrs. Florence B. White Baltimore, Md. 21218 No CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hearl foilure, osthenio, etc. Il means the disease, injuly of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION IOSI. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes or No! 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work 004 19 5 7 to 1966 22. I certify that (1) (this hospital) ottended the deceased from 7/13 19.66 ond that in (my) (9/1) opinion death occurred on the date that (I) (we) last sow the deceased alive an..... and haur and from the couses stated above. (1) (196) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending / Med. Stoff Director Phy s. 23D. ADDRESS 23C. PHYSICIAN'S 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) N.J. Vineland, 2/18/66 Oak Hill Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR

A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

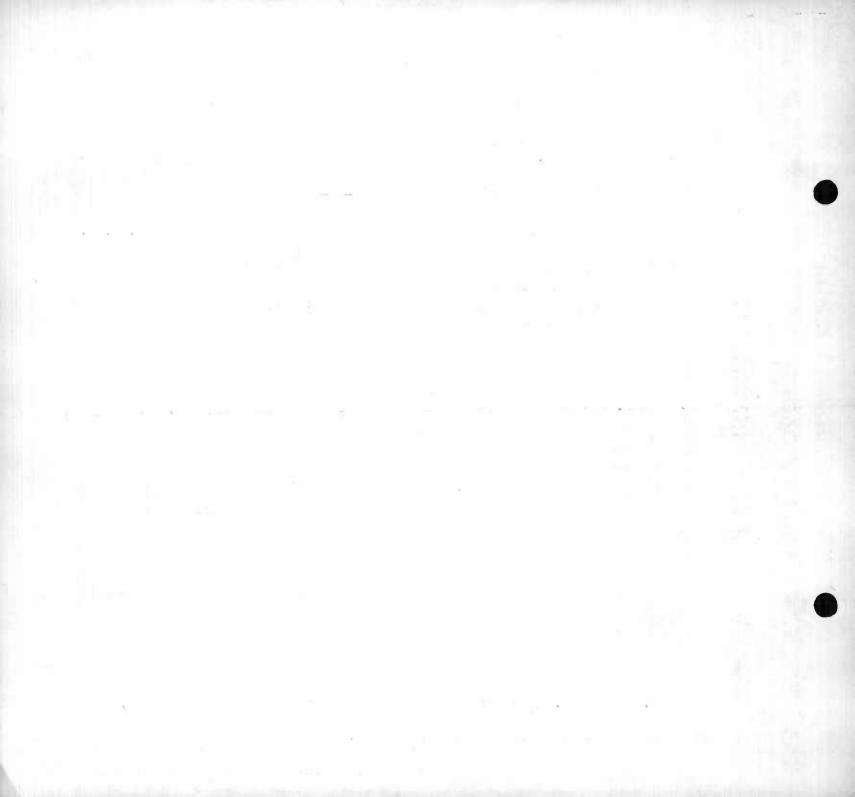
25C. FUNERAL DIRECTOR

1217 St. Parprest.

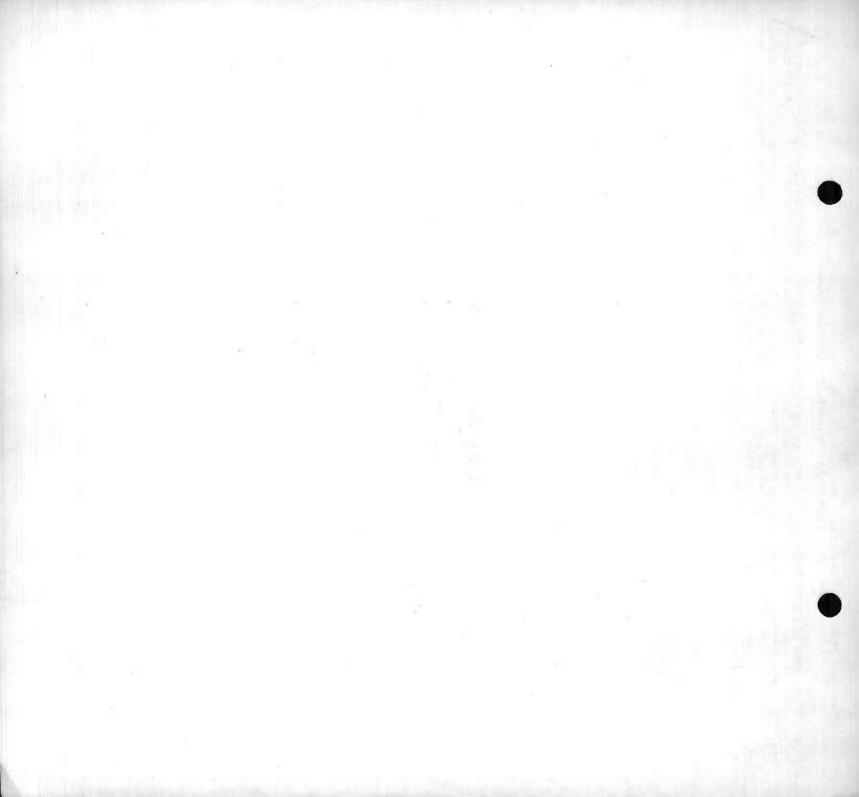
With. Gook Brooks Inc Baltimore, Md. 21202

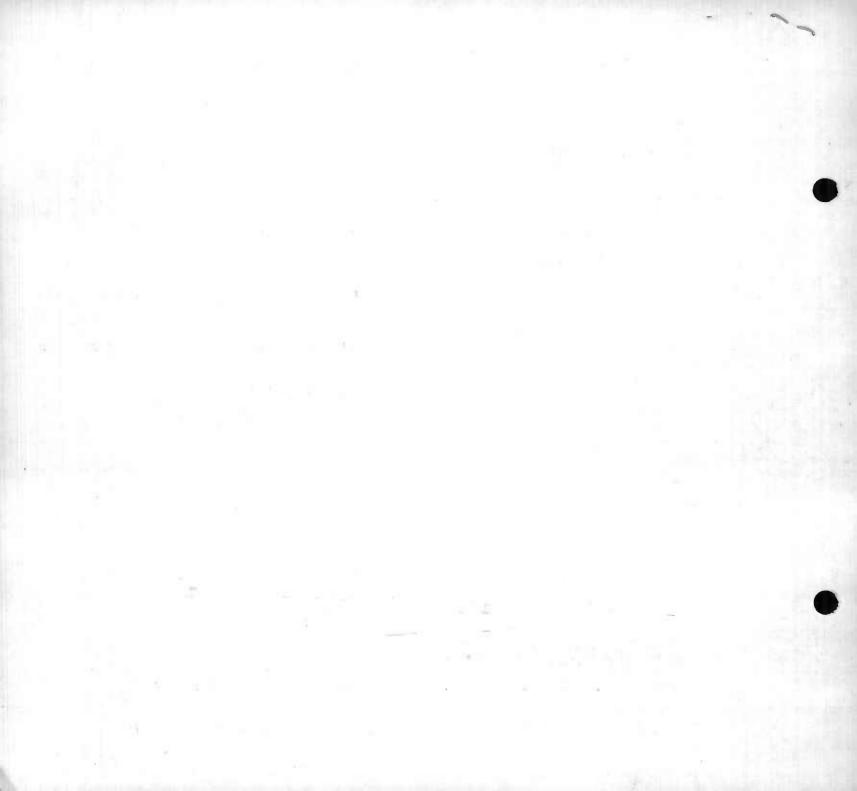
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Parallel I District



	00 1100	BALTIMORE CIT	Y HEALTH DEPARTMENT		4.004	
BIRTH NO.	66 0182	CERTIFICA	ATE OF DEATH	Registered No	6, 11821	
M.E. CASE NO.			2 DATE 4	AND HOUR OF DEAT	TH	
Type or Print)	Chester E.	Fisher		16, 1966	4450	
. PLACE OF	DEATH IN BALTIMORE, MA				f institution: residence before admissio	
FULL NAME HOSPITAL D	R oddress or locatio	ar institution, give street n)	A. STATE B. CDUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
INSTITUTION						
11/	Union Memorial	Hospital	D. STREET ADDRESS (If rurol, give location) 3716 Chestnut Avenue			
1						
S. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H	
M	W	Single (specify)	Sep 16, 1901	lost birthdayl	Months Doys Hours Min.	
dà. USUAL O	CUPATION (Give kind of wor	108 KIND OF BUSINESS OR INDUSTR		reign country)	12. CITIZEN OF	
done during most	of working life, even if retired)			distribution of the same of th		
	dner		Maryland		U.S.A	
3. FATHER'S N	AME		14. MOTHER'S MAIDEN N	AME		
	Oliver Fish	ner	Annie Hewitt			
5. Was Deceas	sed Ever in U. S. Armed For		17. INFORMANT	,	ADDRESS	
Yes, no or unkno	wn) (If yes, give war or date	es of service) SECORITY NO.		J		
Yes	W.W. II	217 ≥ 05 – 9775	Dorthy B. Eur	ke 5716 Cr	nestnut Ave. (21211	
18. 16	3 X I	_ Z	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISE	ASE OR CONDITION DI			1	CHSEL AND DEATH	
	LEADING TO DEATH	6 7 X X (A)	Ercenona &	leura	18mp	
	nol mean the mode of e, osthenia, etc. Il meons	dying, e.g., O DUE TO	U	1	3 TO B B B B B B B B B B B B B B B B B B	
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	ANTECEDENT CAUSES	→ (B)				
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	NG CONDITION lost.	IC IC			**************************************	
	11	EOR				
OTHER SIC	NIFICANT CONDITIONS	ONTRIBITING			A TOTAL CONTRACTOR	
E TO THE	DEATH BUT NOT RELA	ATED TO THE				
U 19A. DATE		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 20B. IF YES. WER	RE FINDINGS CONSIDERED	
	WAS PER	FORMED		IN CERTIFYING	CAUSES OF DEATH?	
OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examined	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	nare City, give exact location)	
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
OF INJURY		While At Not Wh				
(APPRDX.)		Work Al Wor				
22. I certi	fy that (I) (this hospita	l) attended the deceased fram	ale.	19 6 4 to	FEB. 16 1966	
	e) last saw the decease	-D:	0 / 1 -	,	pinion death accurred an the de	
			1		pinion decin decorred on the di	
		ted abave. (1) (We) (did) (did nat)	view the bady after death	•		
23A. SIGNA	TURE				238. DATE SIGNED	
160	recker 149		ttending Med. Director	Stoff Phys.	2-10-66	
23 C. PHYSIC	CIAN'S		23D. ADDRESS			
NAME		M.D			a transfer of the second	
44 805141	Reuben Hof	IMan	846 West Sott		lto, Md. 21211	
REMOVAL		24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION	(City, town, or county) (State)	
Buria	1 2/21/66	Balto National (Cemetery	Bal timore	Maryland 21228	
	D BY HEALTH DEPT	254 NAME OF REMSERAR	25C. FUNERAL DIRECTO		ADDRESS a A.	
FEB 2	1 1965 (R. C. A.	C' Clorkani	0 1 0 70-	3/2/1-	ts 814W36 St	
		4 4 4 4	- Oyan	MINA	2 811000	
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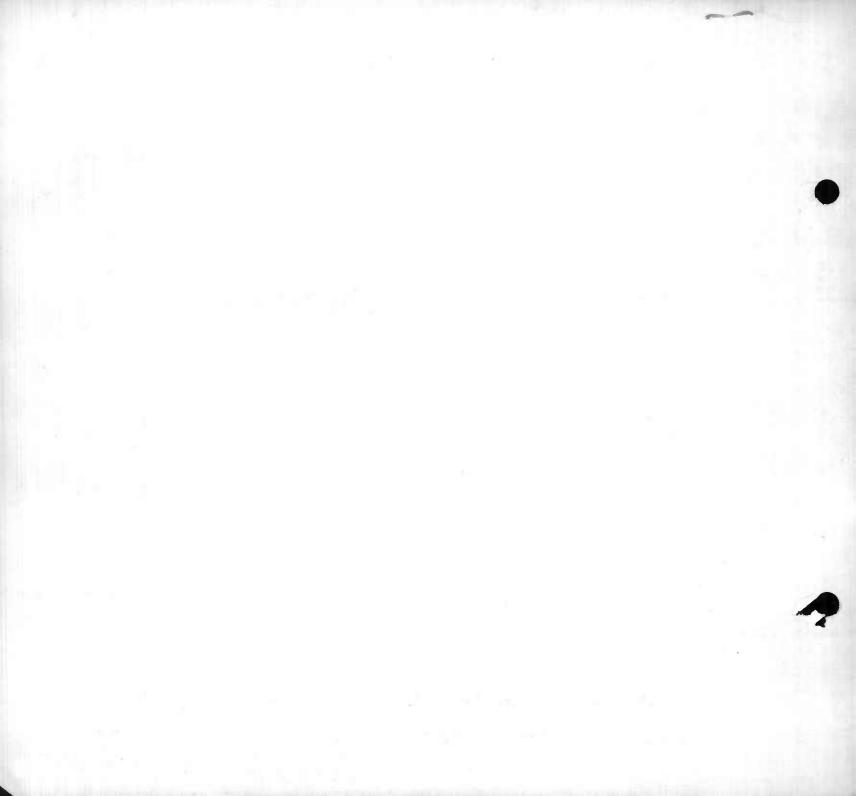




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DIRECTOR:

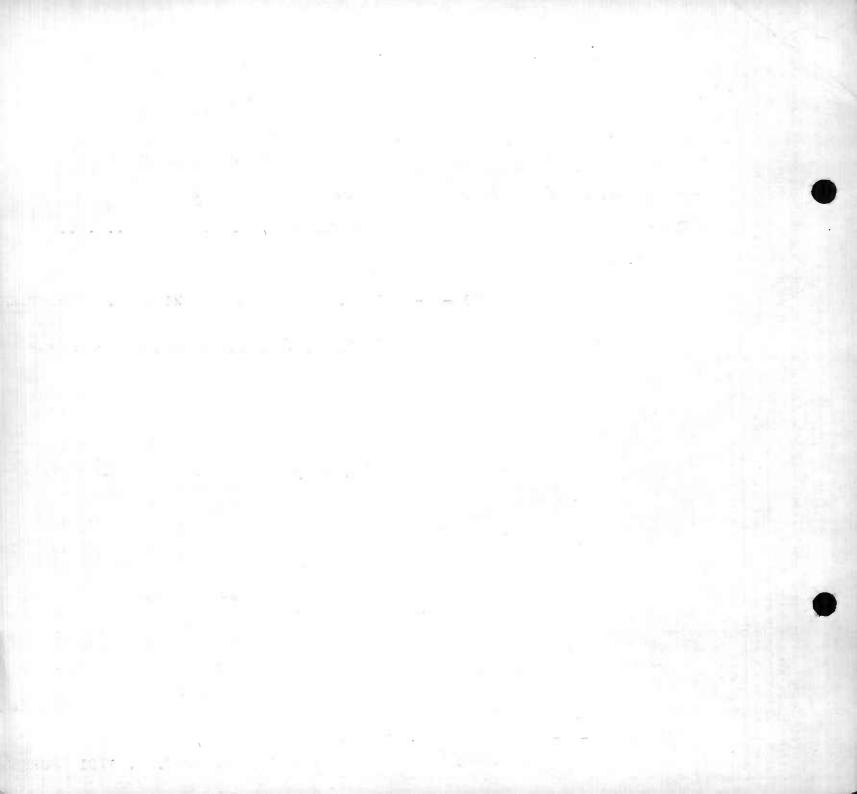
FUNERAL



Johns	JOHN ORE MARYLAND, W (IF NOT IN HOSPITA ADDRESS OR LOCA Hopkins Hos	AL OR INSTITU	NCED DEAD	A. STATE Ma			ution: residence before admission
Johns	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET				ATT CONTRACTOR OF THE PARTY OF
EX 6.	Hopkins Hos				aryland WN (If outside corpore altimore	te limits, write	RURAL ond give township)
		spital		D. STREET ADD	oress (If rurol, give loc 515 Beryl Av		
Male	Negro		NEVER MARRIED DIVORCED (specify)	JUNE 1	lost	GE (In years birthdoy) 44	If Under 1 Yr, If Under 24 Hrs Months, Doys, Hours, Min.
SÉTHLEHA)	TION (Give kind of work	STEE!	BUSINESS OR INDUSTRY	STONEY	CREEK, VI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
	ROSE						
WAS DECEASED	EVER IN U.S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO. 228-10-778	17. INFORMANT		2615	BERYL AVENUE
OTHER SIGNIFITO THE DE	II CANT CONDITIONS ATH BUT NOT REI CONDITION CAUSING	CONTRIBUTIN LATED TO TI	HE				
2	WAS PER	FORMED		Yes	S IN CER	TIFYING CAUSE	es OF DEATH? Yes
UNDERLYING O	R CONTRIB-	home, etc.)	, form, factory, street, a	office bldg., INJUR	Y OCCUR?		s exact location)
OF INJURY (APPROX.)	Aonth) (Doy) (Yeor	W	HILE AT TO NOT	WHILE ()	OW DID INJURY OCC	CUR?	
I certify			Prompt	promy	prompt of the same		
EXAMINER	s's Charles	s S. Pet		ASSISTANT M	EDICAL EXAMINE	R	2/18/66
	TATHER'S NAME DOLPHUS WAS DECEASED IN THE PROPERTY OF THE PR	TATHER'S NAME DOLPHUS ROSE WAS DECEASED EVER IN U.S. ARMED INDO TO THE DEATH BUT NOT REI DISEASE OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. III OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH, 21D TIME OF INJURY (APPROX.) 22. I certify that I held an resulted fram: Natural cause SIGNATURE EVANIMED'S	TATHER'S NAME DOLPHUS ROSE WAS DECEASED EVER IN U.S. ARMED FORCES? In por unknown), (If yes, give wor or doles of service) IB. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TIDISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.) 122. I certify that I held an Inquiry resulted fram: Natural causes A ACTUAL SIGNATURE EXAMINER'S Charles S. Pet	TATHER'S NAME DOLPHUS ROSE WAS DECEASED EVER IN U.S. ARMED FORCES? In go of unknown), (If yes, give wor or doles of service) IB. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head foliure, ostenio, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. 19A. DATE OF OPERATION WAS PERFORMED 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21 D. TIME OF INJURY (APPROX.) 22. I certify that I held an Inquiry Inspection Aut resulted fram: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D.	TATHER'S NAME DOLPHUS ROSE WAS DECEASED EVER IN U.S. ARMED FORCES? TO TO UNKNOWN) (If yes, give wor or dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, ostherio, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH, 21B. PLACE OF INJURY (e.g., in or about 21C, home, form, foctory, sheet, office bidg., INJURY (APPROX.) 21C. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE A	DOLPHUS ROSE WAS DECEASED EVER IN U.S. ARMED FORCES? The grunknown, Iff, yes, give wor or doles of service) ISECURITY NO. 228-10-7782 MRS. ANNIE ROSE CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heard follow, ostherio, etc. It means the disease, injury or complication which coused death,! ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A). STATING THE UNDERLYING CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21D TIME (Month) (Doy) (Year) (Hour) 22. I certify that I held an Inquiry Inspection AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINE EXAMINER'S NAME (Type) ASSOCIATE MEDICAL EXAMINE EXAMINER'S NAME (Type) ASSOCIATE MEDICAL EXAMINE ASSOCIATE MEDICAL EXAMINE	DOLPHUS ROSE WAS DECEASED EVER IN U.S. ARMED FORCES? TO SYNCHONNOWN HIT Yes, give wor or doles of service) 10. SOCIAL 228-10-7782 MRS. ANNIE ROSE 2615 10. SOCIAL 228-10-7782 MRS. ANNIE ROSE 2615 10. SOCIAL 228-10-7782 MRS. ANNIE ROSE 2615 10. CAUSE OF DEATH (This does not mean the mode of dying e.g., included on the discovery included on the mode of dying e.g., included the dying of contribution of the discovery included in the discovery included included in the discovery included included in the discovery included included included included included included included included included inclu

VS 151-REV, 1/1/65

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BIRTH	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.	CCC
M.E.	CASE NO.		
1. N	AME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD	
,,,,,,	JAMES VENABLE	Venerable 2-13-66	2:10 P.M
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If in stitution: resi	
FULL	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL of	e
INST	TUTION		15 Marc
	BALTIMORE CITY HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give locotion)	17/1/
		146 Oak Avenue	
5. SE	K 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Unde	r 1 Yr. If Under 24 Hr
	Male Colored WIDO WED, DIVORCED (specify)	lost brithdoy) Months	Doys Hours Min.
	JSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	7-17-1905 60	
done	during most of working life, even if retired)		EN OF AT COUNTRY?
<i>M</i>)	achine operator Steel Co.	Span rows Point Ma. 7	1.5,A.
1/1	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS	c
Yes,	no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRES.	3
	NO 218-18-2960	HANNALIVENABLE 146 DA	K St.
1		E OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH	eriosclerotic heart disease	
	(This does not meon the mode of dying, e.g., heart failure, ostherio, etc., It means the disease, injury or complication which coused death.)		
	injury or complication which coused death.)		
	ANTECENDENT CAUSES		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		• • • • • • • • • • • • • • • • • • • •
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		I TOLS
Z	(C)		•••••
Ĕ			
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
#	Disease or condition causing it. Diabetes.	mellitus with gangrene of both fo	
CERTIFICATION	PA, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS OF DE	
		No	
MEDICA	1A. EXTERNAL CAUSE WAS NDERLYING □ OR CONTRIB- 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	, in or about 21C. WHERE DID (If in Boltimore City, give exact to office bldg., INJURY OCCUR?	ocotion)
ă	TING CAUSE OF DEATH.	Since Stagging Okt Occor.	
$\overline{\Sigma}$	D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
C	FINJURY	WHILE	
	m. WORK ATV	WORK L	
1	2. I certify that I held on Inquiry Inspection X Au	ond that on this basis, death in my opinion	n
	resulted from: Notural couses Accident Suicio	de Homicide Undetermined monner	
		CHIEF MEDICAL EXAMINER X	
	ACTUAL RANGE		DATE SIGNED
		D. ASSISTANT MEDICAL EXAMINER	State of the last
	EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.	ASSOCIATE MEDICAL EXAMINER	2-14-66
	MAME (Type)		



23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CRI
REMOVAL (Specify)

24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAN

FEB 21 1966 (12 Pm.) 2 C. Table M.

23C. NAME OF CEMETERY OF CREMATORY

23D. LOCATION

(City, town, or county)

VS 151-REV. 1/1/65



24A. BURIAL CREMATION, 248. DATE

REMOVAL (Specify)

VS 150-REV. 1/1/65

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Deceased

cquse; (5)

and

contributing cause of death

Registered Na. 66 01827 CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Typo or Print) ALSTON . February 16, 1966 1:30 a Islah USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Maryland. Baltimore FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Johns Hopkins Hospital 1515 Lamont st. 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Hours 6-27907 Male Married Negro 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) South Carolina U.S. Longshoreman Shipping 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Alston Liza Andrew 15, Was Deceased Ever in U. S. Armad Forces 7. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) Three Alson. Same address SECURITY NO. Wife. Unknown CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Barterial meningitis LEADING TO DEATH hours (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused deoth,) Otitis media dRRS ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving brain tumor to the obove couse (A) stating the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Uremia TO THE DEATH BUT NOT RELATED TO THE Hypertension DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exect location) DEATH (notify medical examine) MEDIC 21 D. TIME (Month) (Doy) (Year) (Houl 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work Al Work 22. I certify that (I) this heart all attended the deceased fram February 15 19 66 to February 16 19 66 ... that (1) (my) last saw the deceased alive an February 16 19 66 and that in (my) (my) opinion death occurred an the date and haur and fram the causes stated abave. (I) (文e) (did) (玄文 版t) view the bady after death. 238. DATE SIGNED 23A. SIGNATURE Stoff Phys. M.D. Attending 2-16-66 23C. PHYSICIAN'S Edgar Johns Hopkins Hospital 23D. ADDRESS

M.D.

24C, NAME of CEMETERY OF CREMATORY

601

BROADWAY

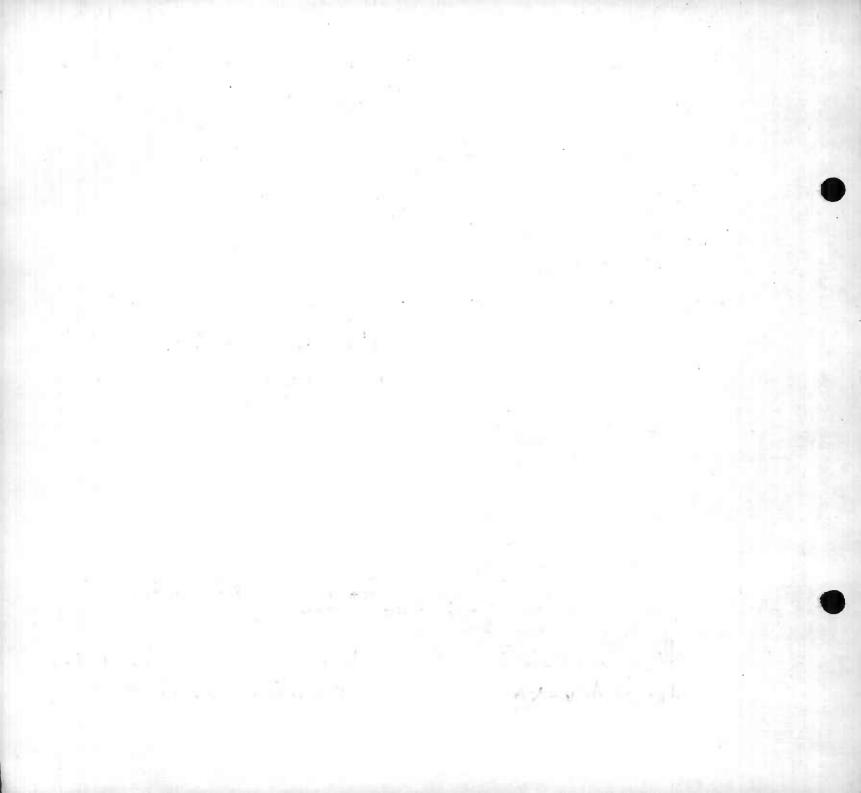
24D. LOCATION

21205

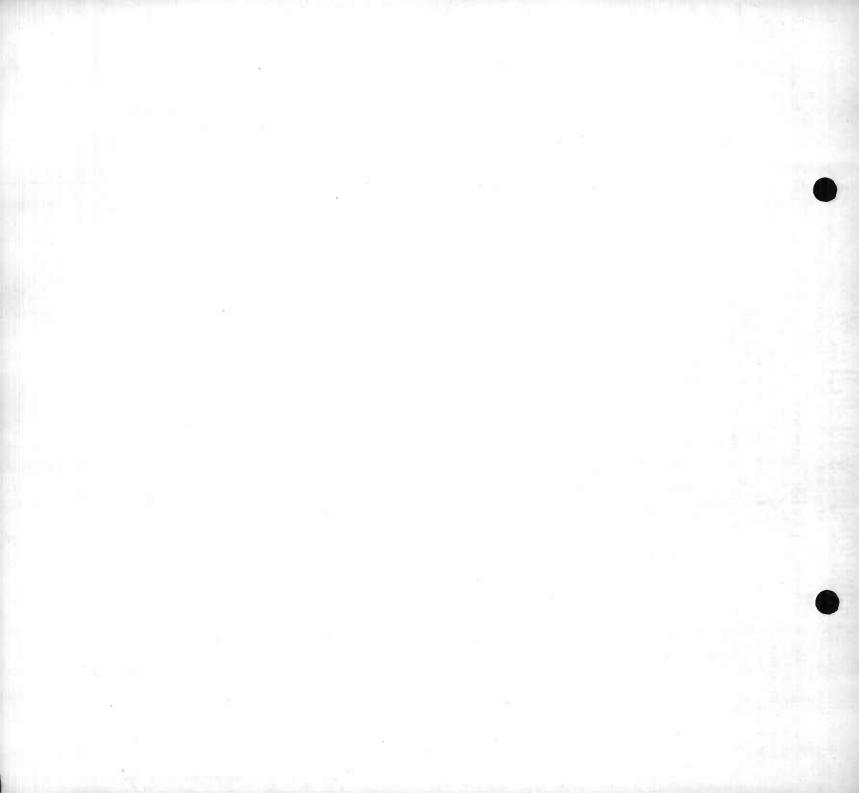
(City, lown, or county)

2/24/66-Reported to Communicable Dis. erf Dr. Kull-JHH as Preumococcal meningities - ge. ...

		BALTIMORE CITY	Y HEALTH DEPARTMENT	C	C 01000
	TH NO. 66 01828 E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No. 0	6 01828
1. N	IAME OF DECEASED	. /	2. DATE AN	D HOUR OF DEATH	
Пур	pe or Print) EARL L	EROY It,	LL HEL	19 1961	6 3:45 A. M
. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If instit	ution: residence before odmission)
	FILL MANE OF THE STATE AS A STATE OF		MARYLIA		2000
ŀ	FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	ition, give street		side city limits, write RUR	AL and give township)
1	NSTITUTION		BALTI		As one give township)
(rurol, give location)	
	2615 Willen.	S AUE.	2615 W		AUE.
. S	6. RACE 7. MAI	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years I	f Under 1 Yr. If Under 24 Hrs.
1		ARRIED	NUNE 26, 1904	6/	
on	e during most of working life, even if retired)	ID OF BOSINESS OK INDOSIKI	11. BIRTHPLACE (State or farei	gn country)	2. CITIZEN OF WHAT COUNTRY?
2	TETAL WACKER K	AIL'POAL	MARYLO	and	U.S. A
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	ApTh 1	11	5-00-00	Starie: 1.	40
5. 1	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	EMMA.	STONSIFE	ADDRESS
	s, no or unknown) (If yes, give war or dates of ser	SECURITY NO.	THE OWNER OF THE OWNER OWNER OF THE OWNER OW		1 //
	NO NONE	A705-03-950	82 YARY HIL	L 2615 W	1 KENS AUE
	18.422.21	CAUSE C	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		Also 1	roll o	ONSET AND DEATH
	LEADING TO DEATH	(A)	CIERMUSIO O	I'M EIVON	MEEKS
	(This does not mean the made of dying, heart failure, asthenia, etc. II means the dis	e.g., DUE TO	1.A	7	1
	injury ar camplication which caused death.)		Yuno Cardon	heart	busithe
	ANTECEDENT CAUSES	(B)	Myocardial	700-011	100111110
	DISEASES OR CONDITIONS, if any, g	iving	r www.	rest.	
	rise to the above cause (A) stating			-00000000000000 = = 000000 ingage secunds secunds	
	UNDERLYING CONDITION last.				
z	11	UTINO			
9	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	UTING THE			
ERTIFICATION	DISEASE OR CONDITION CAUSING IT.		TOO A ALLEGA OVER (V	008 15 450	
IF.	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUSE	
ER	OLA ACCIDENT MAS UNIDERLAND				
7	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore Ca	ty, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
٤	(APPROX.)	While At Work Not While At Work	le		
			1-0-10	60 E0	12 66
	22. I certify that (I) (this hospital) attended	T 0 (1)	1 (() 1	9 000 100	19 4 4
	that (I) (we) lost saw the deceased olive	on 126:12660	19.71 and the	ot In(my) (our) opinio	n deoth occurred an the date
	and how and from the couses stated abo	ve. (1) (We) (did) (did not) v	view the bady ofter deoth.		
	23A. SIGN ATURE			23	B. DATE SIGNED
	HP1116 Com OTA	A.D. Att	ending Med.	Staff .	Feb. 21.1966
	23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	190.4-1900
	23 C. PHYSICIAN'S NAME (Type)	2	1021 1000	o. 1 A.	H 22 h 1
	HEKKY TIKNIAN A	M.D.	WIN TECK	un me in	110.47 (Mg
4A	REMOVAL (Specify) 248, DATE 2	C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (City,	town, or county) (State)
	BURIAL 2-22-66	Lauday 7	Park D	al times	nd
25A		ME OF REGISTRAN	25C. FUNERAL DIRECTOR	THITTE	ADDRESS.
	FFR X T 120p C	E. G. Gerter Line	0 056 TONG	WAP LEWING	THE TOTAL
			to the second	M 2412 2101	MALLEN G CLA
VS	150-REV. 1/1/65		Market St.	100 -00	



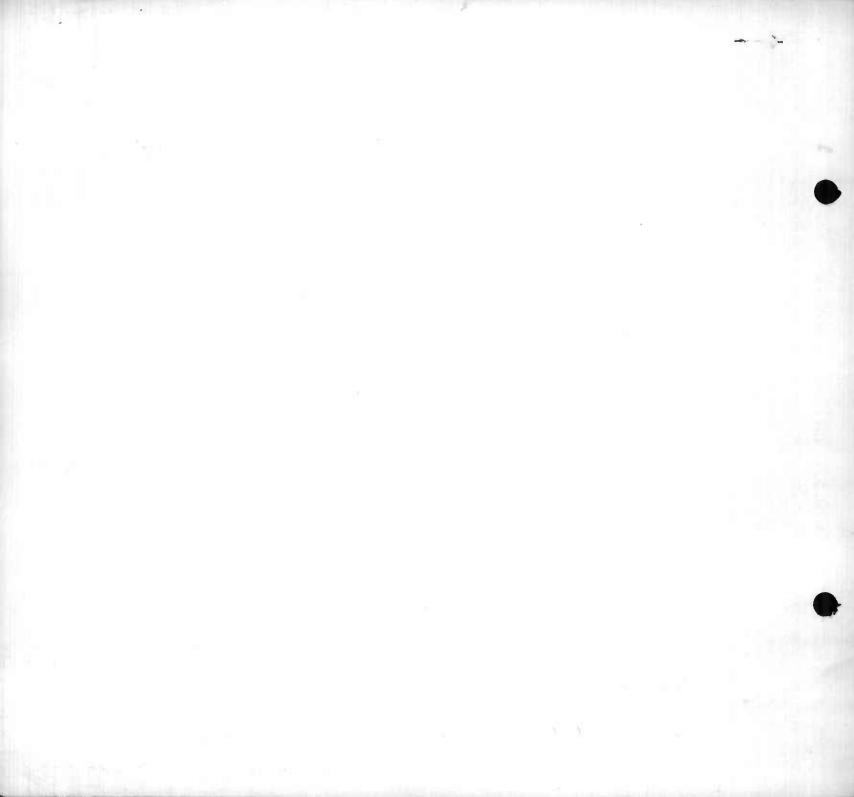
1, NAME OF DI	F C F A S F D		10 DATE A	ND HOUR OF DEATH	
tiybe of Luut		SCHRAUDNER			141
3. PLACE OF D	EATH IN BALTIMORE MA		4. USUAL RESIDENCE (Wh		institution; residence before odn
			MARYLAND	NTY	8-17
FULL NAME HOSPITAL O		or institution, give street		utside city limits, write	RURAL ond give township)
INSTITUTION			BALTIMORE		NORTH ONE GIVE TOWNSHIP
70	1817 Henner	nan Avenue	D. STREET ADDRESS (I	f rurol, give location)	
			1817 Henr	neman Avent	ue
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under Months: Doys Hours
Male	White	Divorced	Dec.23,1889	76	
	CUPATION (Give kind of work of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Produ	ce Salesman	Retired	Baltimore M	aryland	USA
13. FATHER'S N.	AME		14. MOTHER'S MAIDEN NA		
Le	onard Schrau	dner	Marv	Gayner	
15. Was Deceas	ed Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unkno	wn) (If yes, give wor or dote	s of service) SECURITY NO.			Road 21214
	rld War # 1	CASICE	Mrs Margare	t C. Rober	
18.	0 2, 01		OF DEATH		ONSET AND DEA
Dise	ASE OR CONDITION DIR LEADING TO DEATH	RECILY	Finals la co	Color.	
	nat mean the made of		and the state of t	- Bir - fried la late de fin	
	e, asthenia, etc. It means amplication which caused		ml	1	L. 2 wo
	ANTECEDENT CAUSES	(B)	EMME (modit	as way
DISEASES	OR CONDITIONS, if		di Min	. 60 1, 0	
rise la	the above cause (A)	any, giving	There Myson	well it!	
rise la		any, giving	Thric Myere	well the	
rise la UNDERLYII	the abave cause (A) NG CONDITION (ast. NIFICANT CONDITIONS C	any, giving stating the (C)	Than's Myon	the the state of t	
VO OTHER SIG	the abave cause (A) NG CONDITION last, II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	any, giving stating the (C) ONTRIBUTING LIED TO THE	Throng Myen	with the	
VO OTHER SIG	the abave cause (A) NG CONDITION last, II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	ONTRIBUTING STORM TO THE T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	do) 208, IF YES, WERE IN CERTIFYING CO	FINDINGS CONSIDERED AUSES OF DEATH?
NOTHER SIG TO THE DISEASE O	IN THE STATE OF OPERATION AS PERI	ONTRIBUTING LIED TO THE T. DITION FOR WHICH OPERATION	NO	IN CERTIFYING CA	AUSES OF DEATH?
NO OTHER SIG TO THE DISEASE O 1994. DATE (CO) OR CONTRI	THE BOOK COUSE (A) NG CONDITION IDEA II NIFICANT CONDITIONS CO DEATH BUT NOT RELA RE CONDITION CAUSING I DEF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF	ONTRIBUTING STATES TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street,		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location)
OTHER SIG TO THE DISEASE O 19A. DATE OOR CONTRID DEATH (not	THE BOOK COUSE (A) NG CONDITION I asi. II NIFICANT CONDITIONS CODEATH BUT NOT RELA RE CONDITION CAUSING I OF OPERATION 198. CON WAS PERI VENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner)	ONTRIBUTING STATE TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH?
OTHER SIG TO THE DISEASE O 19A. DATE OOR CONTRID DEATH (not	THE BOOK COUSE (A) NG CONDITION IDEA II NIFICANT CONDITIONS CO DEATH BUT NOT RELA RE CONDITION CAUSING I DEF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc) (Hour) 21E. INJURY OCCURRED	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING CA	AUSES OF DEATH?
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VS 150-REV. 1/1/65



FRANKLING SAUGES HEEF NY2 25 HARRES JAMES RELSON C 0. A00 HERME From EVA Hype 2.3 4-16 64 James to so boors meaner in Some me

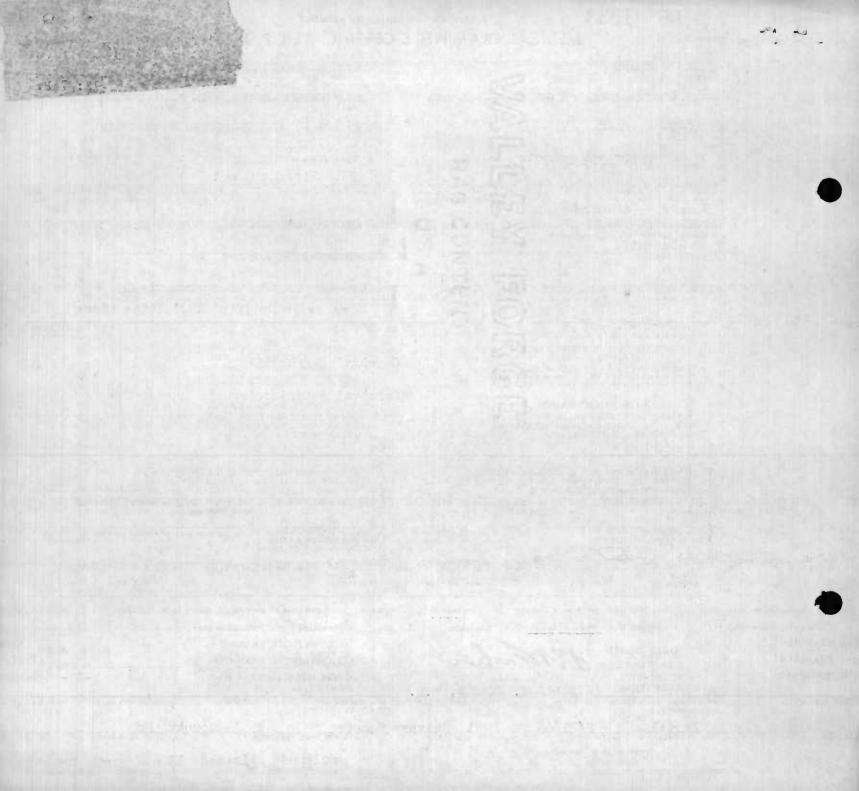


VS 151-REV. 1/1/65

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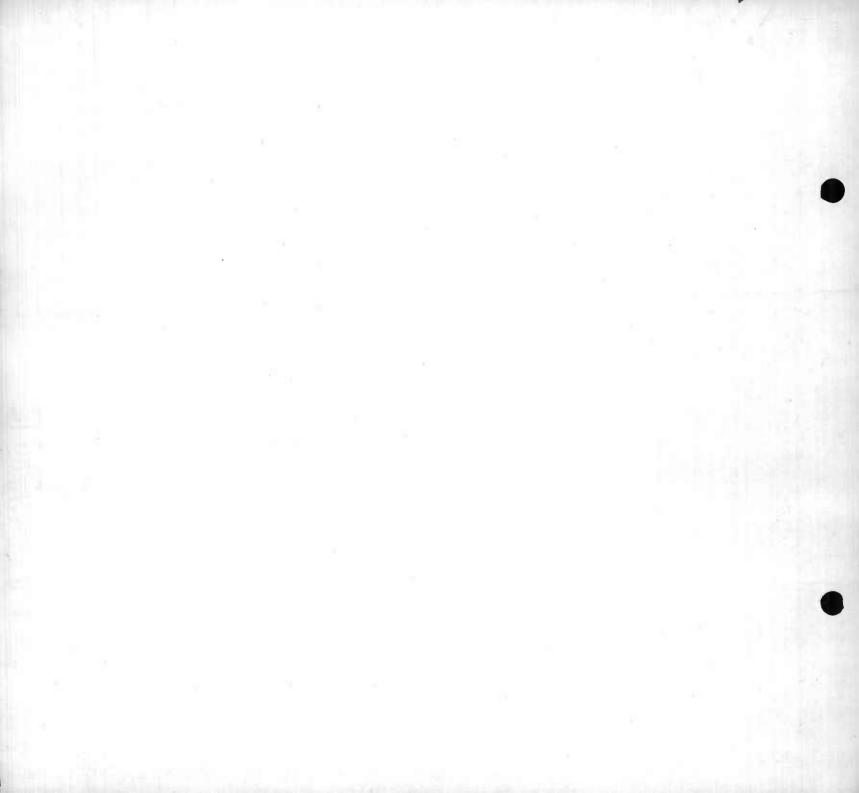
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N

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			LENA		BANKS				3-66	1 1 15 15	99 1	2:07	1 //
3. PLACE I	N BALTIM	ORE, MARYLA	ND, WHERE PE	RONOUNC	ED DEAD	A. STA	AL RESIDENC	E (Where de	ceosed lived. If in B. CO	stitution: re	sidence	before odr	míssio
FULL NAM		(IF NOT IN H	HOSPITAL OR I	NSTITUTIC	N, GIVE STREET	M	arvland		corporate limits, wri		->		
INSTITUTIO	N					D	. 1 +			15	MAN TOWNS	01	
	PRO	VIDENT 1	HOSPITAI	- DO	A		altimore EET ADDRESS		ve location)	0		1	
3-10-1							502 Vinc						
5. SEX	6.	RACE	7. MA	RRIED, NE	VER MARRIED		OF BIRTH		9. AGE (In years	III Und	er 1 Yr.	If Under	24 Hr.
Fema]	le	Colored	WIDO	WED, DIV	ORCED(specify)				last birthdoy)	Months	Doys	Hours	Min.
		TION (Give kind		ND OF BL	SINESS OR INDUS	TRY 11. BIRT	HPLACE (Stote	or foreign	country)		ZEN OF		- 4
	ousewi		erired)				Md			WA	AT COL	JIVIKI:	
13. FATHER			,			14. MO	HER'S MAIDE	NAME					
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			ARMED FORCE		SOCIAL	17. INFC	RMANT			ADDRE	SS		
(Yes, no or u	inknown) (If	yes, give wor	or dotes of ser	rvice)	SECURITY NO.	М	rs Sadi	e Grif	fin 2321	Eutav	r Pla	ce	
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S OTH	IER SIGNIF	ATH BUT N	TIONS CONTR	BUTING									
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CERTIFICATION OF HITO OT HITO	ATE OF O		AS PERFORMED		CH OPERATION	20A.	AUTOPSY? (Ye		B. IF YES, WERE F			ERED	
₹ 21 A. E.	XTERNAL C	AUSE WAS		218. PLA	CE OF INJURY (e.	a, in or obe	NO.	RE DID (If	in Boltimore City.	oive exact	locotion		
		R CONTRIB- OF DEATH.		home, le	orm, foctory, street	office bld	g., INJURY OC	CUR?		g.vo oxee.			
21 D T		Month) (Doy)	(Yeor) (Hou	ur) 21 E.	INJURY OCCURRE	D	21F. HOW	DID INJUR	OCCUR?				
OF INJ				m. WHI	LE AT NO	T WHILE							
22.	I certify	that I held	on Inquiry		nspection	Autopsy	ond the	ot on this	bosis, deoth in	my opini	on		
	resulted	fram: Natu	rol couses X	Acci	ident Suid	ide 🗌	Homicide [Un	determined mon	ner 🗌			
				1 0		0	HIEF MEDI	CAL EXA	MINER X		D.4	~ F (16)	150
	CTUAL	E A	3/18-	who	n/ "		TANT MEDI				DA	TE SIGN	MED
	XAMINE		* - /		M		LATE MEDI				2	-14-6	56
	AME (Ty	\	SELL S.	FISH	ER, M.D.	7,000	THE MEDI					T-4C	, ,
23A. BURI					AME of CEMETER	Y or CREM	ATORY	23 D. LO	CATION (Cit	y, town, or	county)	(St	tote)
REMOVAL		010	7 161	35	0-3	Commit			A Count	1/2			
24A. DATE		HEALTH DEP	T. 248, N	IAME OF	t Calvary	Cemet 24	FUNERAL D	DIRECTOR	A County	Ma	ADDRE	SS	
	(P)	D 9 4 4	386 6 6	2.0	2 2 1					01			
	LE	10 61 1	100 (1)	Missing !	T. W.	90	Ano Lonu	is Ha	Lstead 12	.06 W	Nort	n Ave	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

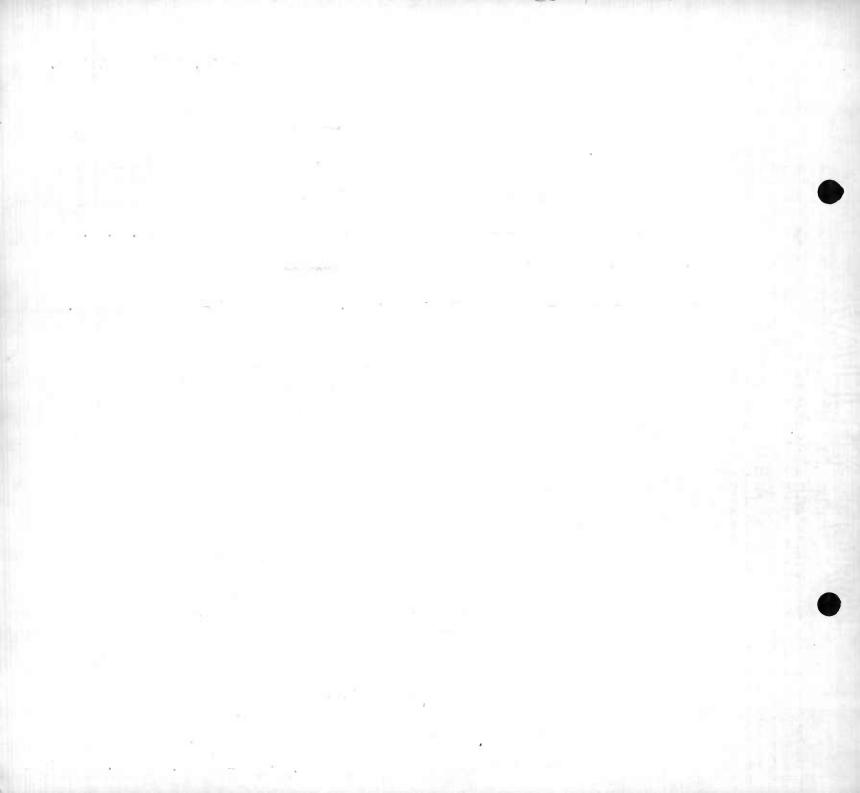
15-28946	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 010012
SIRTH NO. 45-2894 66 ()1834	CERTIFICA	TE OF DEATH	Registered Na	66 11 834
M.E. CASE NO.	CERTITION	D DATE	AND HOUR OF DEATH	
Tune or Printl				1/240 0
PLACE OF DEATH IN BALTIMORE, MARYLAND		THE HELL BESIDENCE (W	0-4,1966	stilution: residence before admissio
TEACE OF BEATH IN BALLIMONE, MARIENTE				
FULL NAME OF (If not in hospital or institut	tion, give street	C. CITY OR TOWN (IF	ND	Kall
HOSPITAL OR oddress or tocotion) INSTITUTION				RURAL and give township)
LUTHERAN HOSP.	OF	D. STREET ADDRESS	ORE	53-10
				13
MARY LAND			ROUE D	R.
111100	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
	FANT	11-19-65	lost binnaby)	2 /9
A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY		preign country)	12. CITIZEN OF
one during most of working life, even if retired)		DAITINA	5 6 100	WHAT COUNTRY?
		PALTIMON 14. MOTHER'S MAIDEN N	CC, MD.	u.s.
B. FATHER'S NAME				
BENNIS ASBURY	1	KAREK	A BUR	4 Price
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIÁL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dotes of serv	security No.			
110	041/00	NE DEATH		
18.75 / 1	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	5'2	0000 0000	1.	
LEADING TO DEATH	(A) C V	cephaloce		
(This does not meen the mode of dying, heart foilure, asthenio, etc. It means the dise				
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
DISEASES OR CONDITIONS, if ony, gi				
rise to the obove couse (A) sloting	lhe (C)			*** **********************************
UNDERLYING CONDITION lost.				
Z OZUSE SIGNISIS AND CONTRIBUTE	ITINIO			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.		120 A . A 1480 D	Nall 208 to use the	SINDINGS CONSTRUCTOR
19A. DATE OF OPERATION 19B. CONDITION F	OK WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	Total 21 - 62	/ -		
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, factory, street,	office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le		
	WOIK AT WORK		1	
22. I certify that (I) (this hospital) attend	led the deceased from/_		19 6T to 2	9 19 6 6
that (I) (we) last saw the deceased alive	an 2-9	19 6 6 and	that in (my) (aur) opl	nian death accurred on the d
and hour and from the causes stated above	(e. (1) (We) (did) (did not)		Name of the last o	
23A. SIGNATURE	to (i) (iia) (ala) (ala nai)	THE DULY DITER CEUT		23B, DATE SIGNED
Ma C. A. T	M.D. At	lending Med.	Stoff	
III. WangElista	Ph	ys. Director	Phys.	2-9-66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
MARCIA FUANCE	1-187A M.D.			1 Blue
24A. BURIAL CREMATION, 24B. DATE	C. NAME of CEMPTER AT CO	EMATORY CONTRACT	LOCATION A LA CO	(State
REMOVAL (Specily)	Constitute of Constituted by A.	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MANIMULE E M	arm and or cooliny) (21016
	INIV	ERSITY MEDI	CAI SCHOOL	01
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	250. FUNERAL DIRECT	OV THE STATE OF TH	ADDRESS
FEB 21 1966 @ D. At 29	BEOGLEWAYA ()	MURTUA	RY SERVIC	E - BCHD
/s 150-REV. 1/1/65		Augus Ans		



IMPORTANT

DIRECTOR:

FUNERAL



E	ATH NO. 66 (11836)	CERTIFICA	TE OF DEATH Registered No	66 01836
1.	NAME OF DECEASED upe or Print) Alice Leverin	g Rogers	2. DATE AND HOUR OF DEATH	9:45 P
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If A, STATE B. COUNTY	institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give address or location) INSTITUTION	street	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
1	UNION Memorial Hospital		D. STREET ADDRESS (If rurol, give location) Valley + Rei sterstown R	(Home: Ruxton, I
5.	SEX 6. RACE Cauc 7. MARRIED, NEV WIDOWED, DIV	VORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min,
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS ne during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland, Baltir	12. CITIZEN OF WHAT COUNTRY?
13	Frederick Augustus Leve	Rring	Katherine Webb	(Catherine Webb)
1.5 (Y	es, no or unknown) (II yes, give wor or dotes of service)	social security nd. 20-42-9272	7. INFORMANT J Lyon Rogers, Jr 909 Ar	my Rd Balt 4 md
Ī	700,1	CAUSE OF	pertensure Arterosclero	INTERVAL BETWEEN ONSET AND DEATH
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	127	Cardiovoscula Dise	ose
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	Dre	feter mellitus	Yns -
ATION		Revell Shuld	lown Avenia Fx R-H	lip
PPTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED FX R	HIP	No IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
IC AL	OR CONTRIBUTING CAUSE OF home, to DEATH (notify medical examiner)	arsing Home	e Narsing hom-	ore City, give exact location)
AAFDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ OF INJURY (APPROX.) Feb 17 66 7 While A Work	URY OCCURRED Not While At Work	21F. HOW DID INJURY OCCUR?	Lee & floor
	22. I certify that (I) (this hospital) attended the dethat (I) (we) lost sow the deceased alive on	eceosed from 6	/ /	pinion death occurred on the de
	ond hour and from the causes stated above. (1) (W			printed death occurred on the d
1	23ASIGNATURE Muhard R. Stephenson		nding Med. Stoll	23B. DATE SIGNED 8/19/66
	23C. PHYSICIAM'S NAME (Type)	2	23D. ADDRESS	
24	RICHARD R. STEPHENSO A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY or CRE		HOSPITAL City, town, or county) (State
	REMOVAL (Specify)	. Thomas' C		rest, Balto. Co.
25	A. DATE REC'D BY HEALTH DEPT. 1258, NAME OF REFERENCE STATES	EGISTRAR	Stewart & Mowen Co.10	ADDRESS
25 	150-REV. 1/1/65 A/ 8 2 0 0	,	/	o hereat hereat

BALTIMORE CITY HEALTH DEPARTMENT

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a hospital and

FULL NAME	e oddress or location	l or institution,	give street	4. USUAL RESIDENCE (VA. STATE B. CO	autside city limits, wri	Il institution: residence before admissing
Balt	eran Hospital	21216		D. STREET ADDRESS GA	(If rurol, give location)	rd.
Male	6. RACE White	WIDQWE	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BURTH 3/19/86	9. AGE (In years last bitthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
	ol working lile, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12, CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	CONRAD BLA	NCK		BERTHA L		
5. Was Decease res, no ar unknov	ed Ever in U.S. Armed Fo wn}(If yes, give war or def	orces? tes af sorvice)	SECURITY NO.	MRR A) Ston	Record an	1
heart failure	nal mean the made a e, asthenia, etc. Il mean					
DISEASES	e, osthenio, etc. II mean omplication which couse antecedent CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION last. NIFICANT CONDITIONS TEATH OF THE CONDITIONS TO TH	d deoth.) S ony, giving living livi	(B) R) DUE TO (C)	pfured sign	noid colon	colm
DISEASES rise la UNDERLYII OTHER SIG TO THE DISEASE O 19 A. DATE (21 A. ACCID OR CONTRI OR CONTRI DEATH (not	e, osthenio, etc. II mean amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION last. NIFICANT CONDITIONS PLATE BUT NOT RELEVANT CONDITION CAUSING OF OPERATION 198. COID PERATION WAS	ony, giving stating the CONTRIBUTIN ATED TO THIT.	G (C) WHICH OPERATION Sigme id Colon Clace OF INJURY (e.g., in o., form, foctory, street, one, form, foctory, one, form, foctory, street, one, foctory, o	20A. AUTOPSY? (Yes on Mo	No) 208, IF YES, WEIN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? moro City, give exact location)
DISEASES rise la UNDERLYII OTHER SIG TO THE DISEASE O 19.A. DATE (21.A. ACCID OR CONTRI	e, osthenio, etc. II mean amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) NG CONDITION last. NIFICANT CONDITIONS DEATH BUT NOT RELEVANT CONDITION CAUSING OF OPERATION 198. COID OPERATION 198	ony, giving stating the CONTRIBUTIN ATED TO THIT. NOTION FOR REGRAMED 218 hometer.	G G WHICH OPERATION A CO OP WHICH OPERATION A CO OP WHACE OF INJURY (e.g., in operation) INJURY OCCURRED INJURY OCCURRED Not While	20A. AUTOPSY? (Yes of Monor obout 21C. WHERE DID INJURY OCCUR	No) 208, IF YES, WEIN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?

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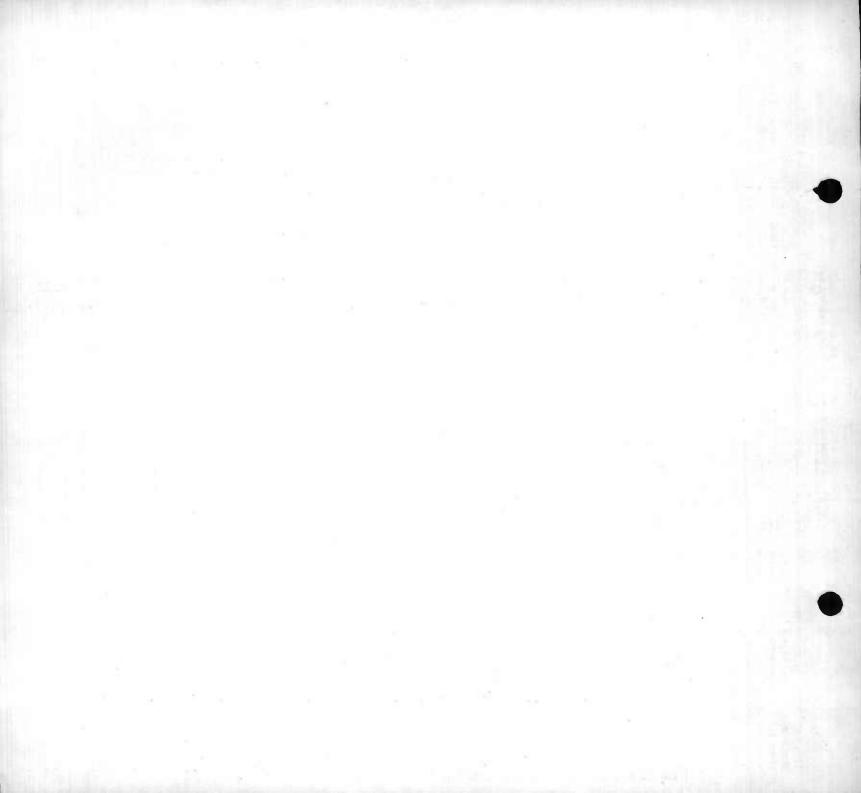
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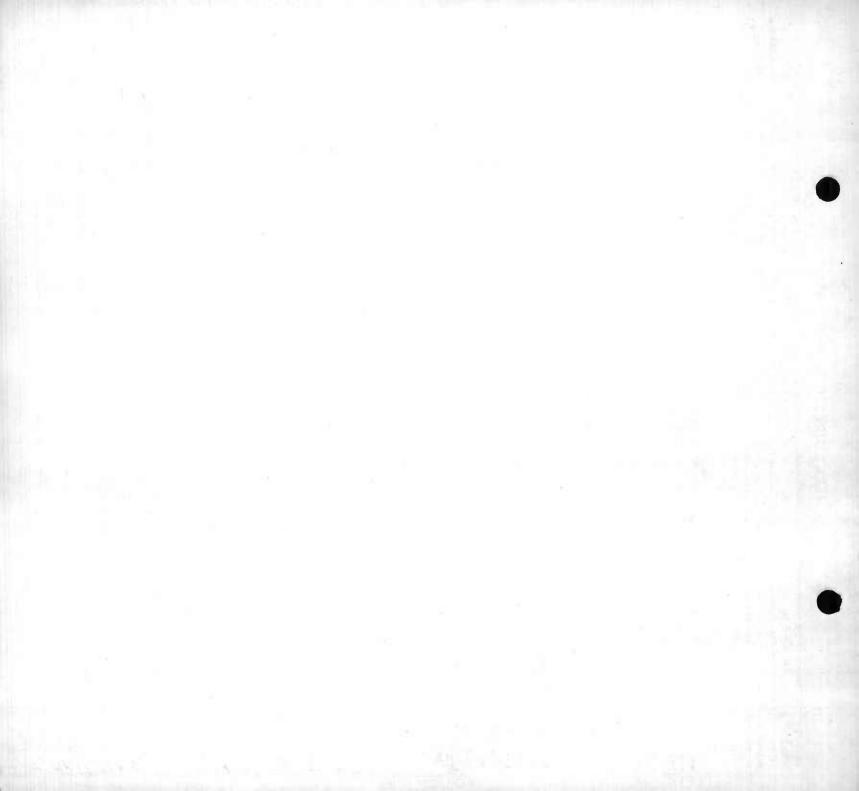
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DIRECTOR:

FUNERAL

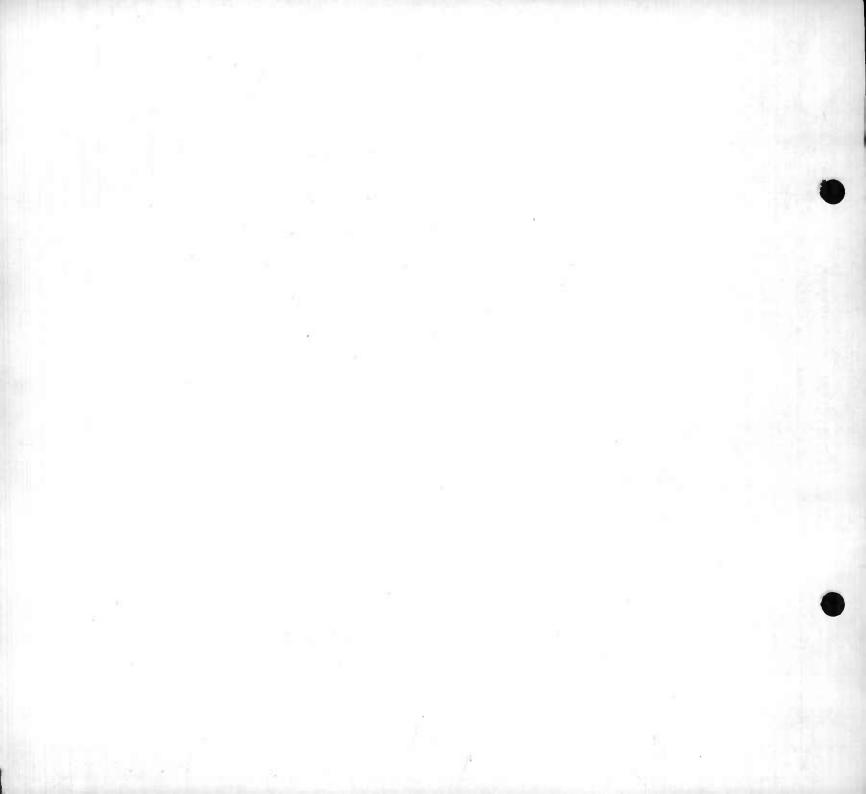
Registered No. CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH 06 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy! Months Doys Hours 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? ().5. Yers Md. General INTERVAL BETWEEN ONSET AND DEATH ears. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? 56 and that In((my) (aur) apinion death accurred on the date 23 B. DATE 24D, LOCATION (City, town, or county)

BALTIMORE CITY HEALTH DEPARTMENT



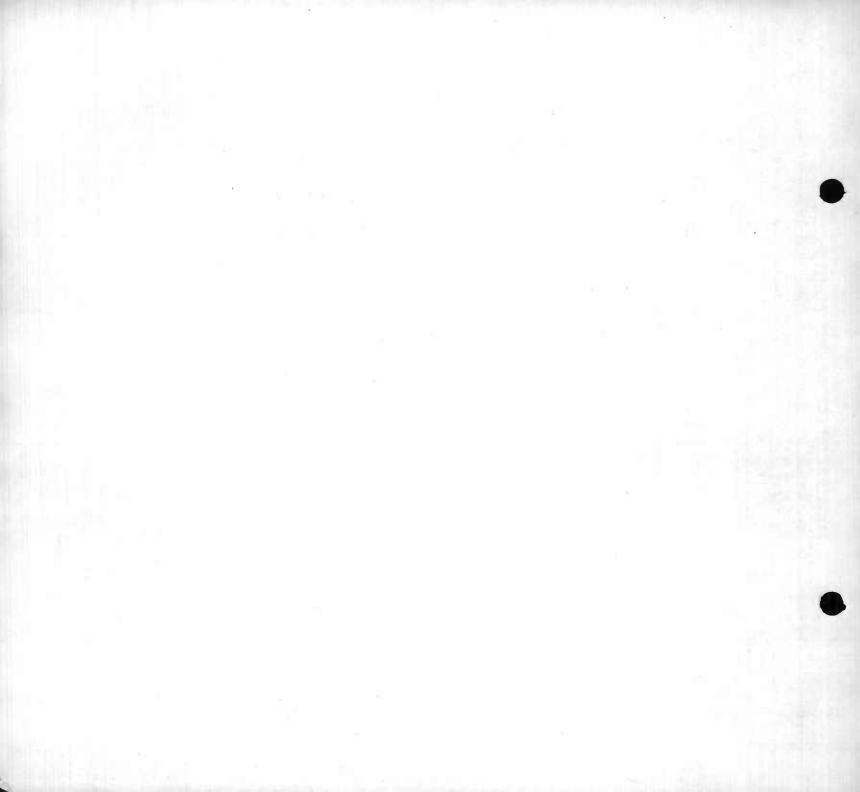
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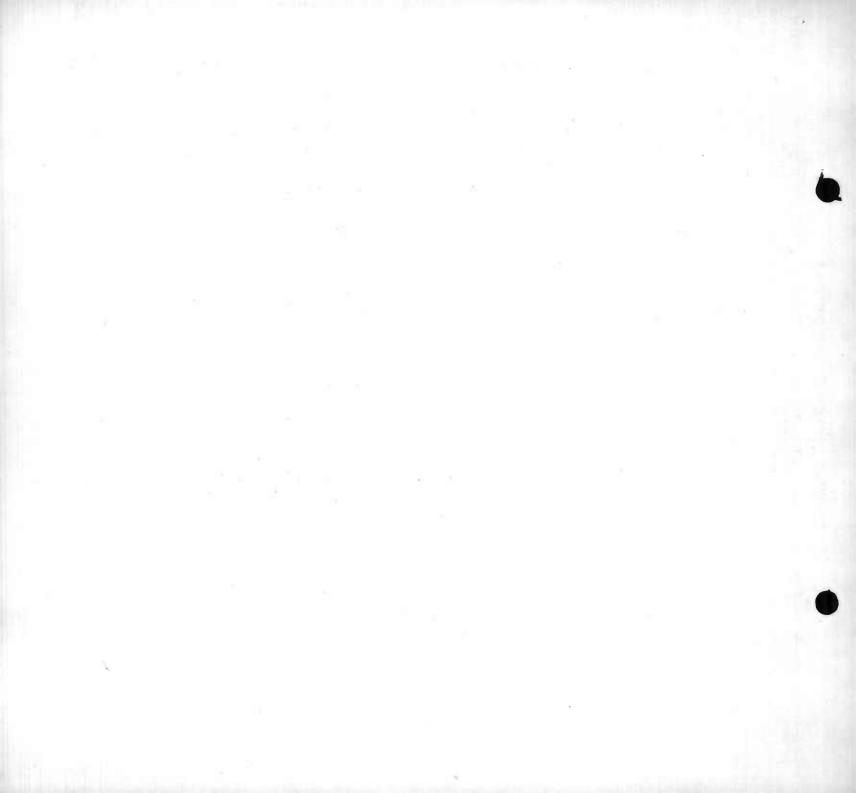


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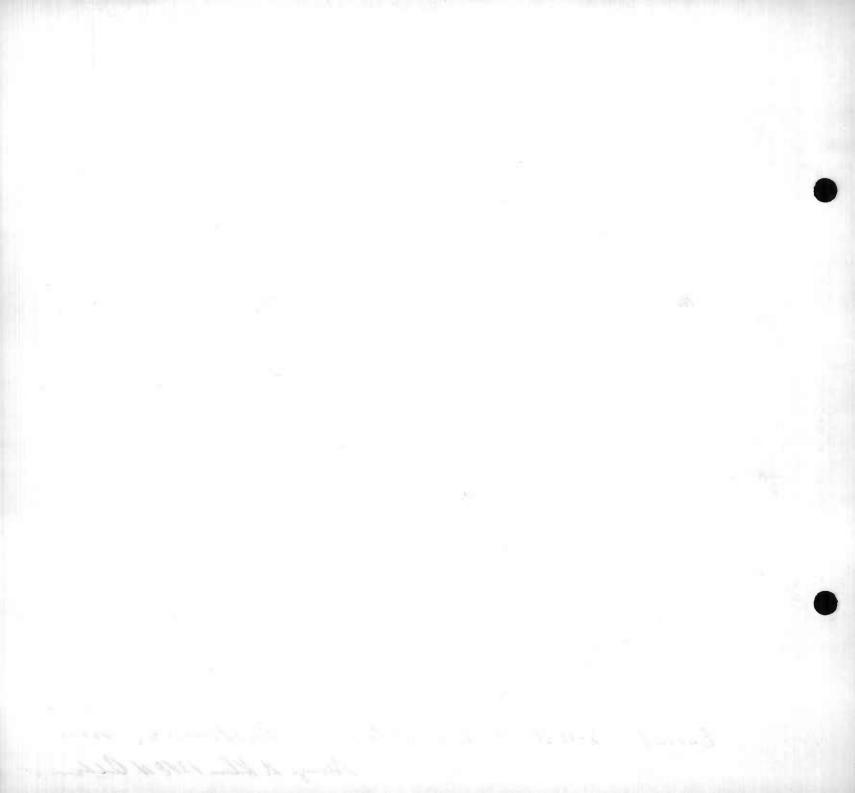
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		HEALTH DEPARTMENT		cc 01843
BIRTH NO. 3 66 018	GERTIFICA	TE OF DEATH	Registered No.	66 01843
I. NAME OF DECEASED		2, DATE	AND HOUR OF DEATH	1
(Type of Print) BOOKE	LULA	E	04 21 11	2/11/11/11/11
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND ND	4. USUAL RESIDENCE (V	Where deceased fived. Al	institution: residence before admission
		10	TINU	t
FULL NAME OF (If not in hospital or in: HOSPITAL OR oddress or location)	stitution, give street	MARYL	AND	RURAL and give fownship)
INSTITUTION		C. CITY OR TOWN	outside city limits, write	RURAL and give fownship)
/		BALTIM	ORE	
111-1 1-112	5=== 1/	D. STREET ADDRESS	(If rurol, give location)	
MONTEBELLO-	11/2/103/18A1	1993 3	TOLL ST	A.
	AARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yi. If Under 24 Hrs Months Doys Hours Min.
FU	MARRITI	4-14-13	52	
IDA, USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
done during most of working lile, even if retired)		m		WHAT COUNTRY?
FAUNDRY WORKE	2	14. MOTHER'S MAIDEN I	AND	U.SA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
ALEVANDER	GODWIN.	UNKNOWN.		
ALEYANDER 5, Wos Deceased Even in U. S. Armed Foices?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dates of	service) SECURITY NO.	11	0	
No		HOSPITAL	RECORDS	
18.260XI	CAUSE O	F DEATH /		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECT		, .		2. 1
LEADING TO DEATH	(A)	IREMIA		Weeks
(This daes not meen the mode of dyin heart foilure, asthenia, etc. It means the				
injuly at camplication which coused dea	lh.)	1 -400111 -	/-	U
ANTECEDENT CAUSES	(B)	LOMERULO:	SELE ROSIS	years.
DISEASES OR CONDITIONS, if any,	giving	1.1		0
rise to the above cause (A) state	ing the (C) (C)	Beres Ma	eLLITUS	8 4 cars
UNDERLYING CONDITION Iosi.				
z II				11 11 11 11 11
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE //	Cura Marca	· · · · leer - ic	4 ears
	ON FOR WHICH PPERATION	SIVE THRIER	105C1CK611	Heart Disease
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	AED SPEKATION	20 A. AUTOPST? (Tes of	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	1010 8: 4 = 5 = 6 : 11111001	IVO	44 . 8	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bldg., INJURY OCCUR	? (If in Boltimo	ore City, give exoct focotion)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (H.	our) 21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)	While At Not Whi			
	Work At Work			~
22. I certify that (I) (this hospital) at		724 14	19 6.6to	7-21 1966
that (I) (wa) lost sow the deceased al	ive on Tel- 2	0 19 6 6 ond	that in (my) (olnion death occurred on the do
and hour and from the causes stated o	bove. (i) (We) (did) (did not)	lew the bady after dear	th.	
23A. SIGNATURE				23B. DATE SIGNED
(Tana P. O	M.D. Att	ending Med. Director	Stoff D	2-21-66
23@.PHYSICIAN'S	mully	s. Director	Phys.	2-2K-00
NAME (Type)				
THOMAS P., CONN	ELLY M.D.		TATE HOSPITAL	L
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D	LOCATION)	City, town, or county) (State)
Burial 2/24/1	to Tail	an Wi	1360	Lo. ma
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECT	TOLA	ADDRESS MI
FEB 21 1966 @ 0 14	0 4 0 0 0	0/11/0	211/11/	I day on you
	E. Co. Co. MA	10 cessio	1-14.410	10 an onor
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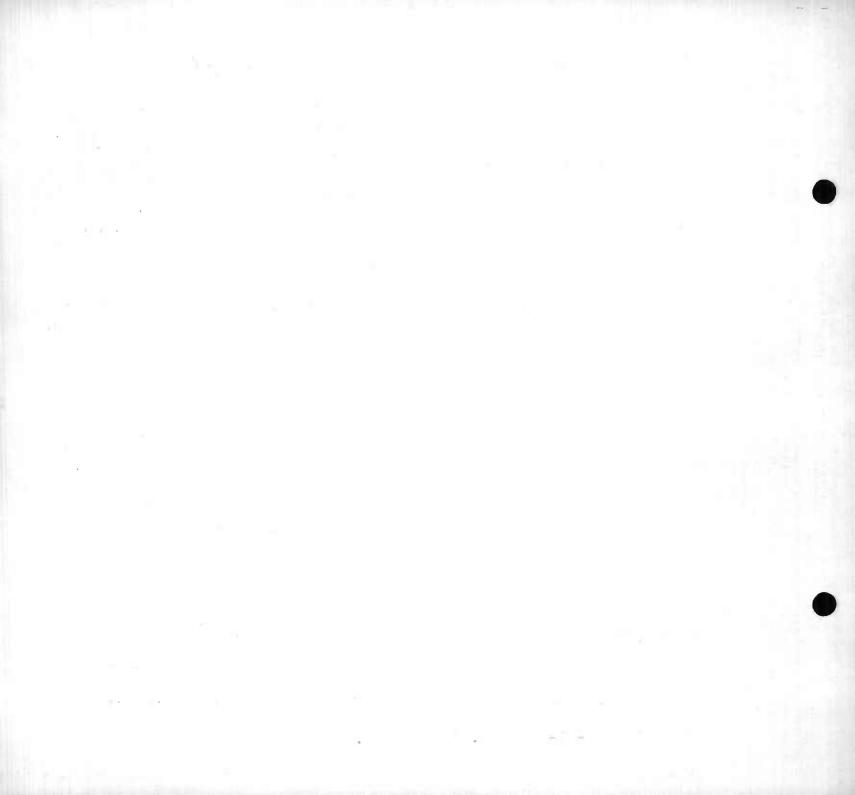


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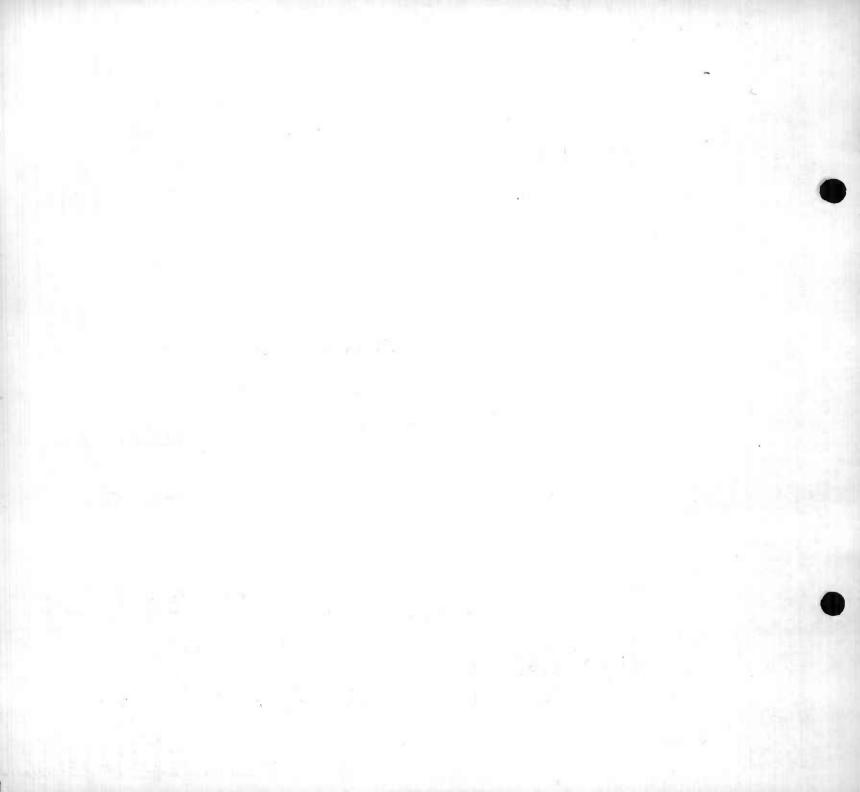
Was

BALTIMORE CITY HEALTH DEPARTMENT 66 01846 CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rurol, give location) 4940 Eastern Avenue Baltimore, Maryland, 3311 Walbrook Avenue 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH (f Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Male Negro 63 Separated 2-10-03 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Virginia 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME Arthur Bertina 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. RECORES: BCH, 4940 Eastern Avenue, #21224 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH arcinoma Lung (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED No 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from February 16. 19 66 to February that (I) (we) lost saw the deceased alive on February 17, 19, 66, and that in (my) (our) apinion death occurred on the date ond hour ond from the causes stoted obove. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Stoff Phys. X 2-17-66 written approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) M.D. 4940 Eastern Avenue, Balto., Md., #21224 DR. LAURICE MC AFEE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial Mt. Auburn Cem. Baltimore Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

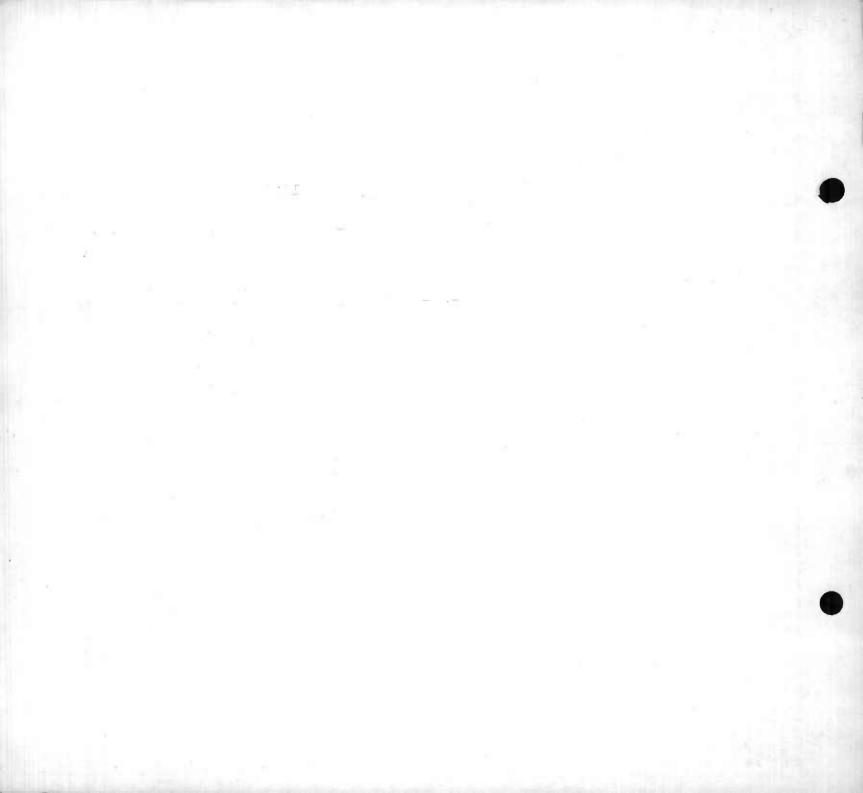
BIRTI	00 1:101	ICATE OF DEATH Registered No.	66 01847
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
Тур	e at Print)	12-17-6	617450
	LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF (If not in hospital ar institution, give street	A. STATE B. COUNTY Wary/And Prince	A EDRGE
H	OSPITAL OR oddress or locotion) ASTITUTION Lincoln Memorial Puresing 21 n. Carry St	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
	27 11. Carry ST	9720 Annapolis Re	
5. SI	emale Negro Never Majeries	1 1872 93	If Under 1 Yr. If Under 24 Hours Min.
	USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INC. during most of working life, even if retired)	Viegiala	12. CITIZEN OF WHAT COUNTRY?
13. F	TATHERS NAME	14. MOTHER'S MAIDEN NAME	
Yes,	Nos Deceosed Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	18. 4 5-0101 CA	USE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Dan Austria	ONSET AND DEATH
	LEADING TO DEATH	Con en monia	3 gove
	(This does not mean the made of dying, e.g., DUE heart failure, asthenia, etc. It means the disease,	TO	
	injury or complication which caused death.)	anteria selevasi	
	ANTECEDENT CAUSES (B) DUE	TO 1	
	DISEASES OR CONDITIONS, if any, giving	Show Boo	1
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	alloxie Dijam	
-		Dy 10	EXPLIE)
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ا د	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJUR' home, form, factory, st etc.) 21 B. PLACE OF INJUR' home, form, factory, st etc.)	Y (e.g., in or about 21 C. WHERE DID (If in Boltimo lieet, office bidg., INJURY OCCUR?	re City, give exact lacotion)
ā	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
Z	While At N	ot While	1
	22. I certify that (I) (this hospital) attended the deceased from	man a la l	ela 14 10 to
		, , , , , ,	The state of the s
	that (I) (we) lost sow the deceased alive on	ond that In(my) (our) op	on the courred on the
i.	ond hour ond from the causes stoted oboye. (1) (We) (did) (did	not) view the body ofter deoth.	
	23A. SIGNATURE A POLITICA M.	D. Attending Med. Stoff Phys. Director Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	M.D. 403 Mg/all	T-GO
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	OF CREMATORY 120. LOCATION	City, town or county) (State
K	Sunal 2-22-66 Liniahu 7	nominal Suttend Kd.	3/6. O.C.
25 A	DATE REC'D BY HEALTH DEPT.	25CA FUNEAL DIRECTOR	ADDRESS
	FEB 21 1966 Q. 2. 5 2. 32. 15, 12.	James Wiedmans	- 909 6 F. A. T
15	150-REV. 1/1/65	7	



VS 1S0-REV. 1/1/65

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		HEALTH DEPARTMENT	10 (2.4.0) 4.0			
BIRTH NO. 66 () 1	848 CERTIFICA	TE OF DEATH Registered No.	6 01848			
M.E. CASE NO.		2. DATE AND HOUR OF DEATH				
(Type or Print) Oscar		Feb 16, 1966	12300 N			
3. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If I	nstitution: residence before odmission			
FULL NAME OF (If not in hospital	or institution, give street	Maryland	- 31)			
HOSPITAL OR oddiess of location		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)			
		Baltimore				
2803 Garris	on Blvd	D. STREET ADDRESS (If rurol, give location)				
		3211 Vickers Road				
S. SEX 6. RACE Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	B. DATE OF BIRTH Aug 14, 1891 74	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
10A, USUAL OCCUPATION (Give kind of wor			12. CITIZEN OF			
done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?			
Custodian	American Warehou	se - Calvert Co. Md	U.S.A			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
John Rice		Rebecca Thomas				
S. Was Deceased Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS			
Yes, na or unknown) (If yes, give wor or dot						
No	213-26-4719	Mrs. Margaret, King -	3211 Vickers Rd			
18. 4-22 11	CAUSE	of DEATH ne wheel altack	ONSET AND DEATH			
DISEASE OR CONDITION DI		1 On I Thenkon				
LEADING TO DEATH	(A)	eugran	***************************************			
(This does not mean the made at heart failure, asthenia, etc. It means		memile-				
injury ar complication which couse	d death.)	grterio 3 elevote				
ANTECEDENT CAUSE	S (B)	Willes of Dellar				
DISEASES OR CONDITIONS, if	DISEASES OR CONDITIONS, if ony, giving					
uise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.						
ONDERENTIA CONDITION 10SI.						
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING					
E TO THE DEATH BUT NOT REL	ATED TO THE					
	IT.	[20 A. AUTOPSY? (Yes or No.)] 20 B. IF YES. WERE	FINDINGS CONSIDERED			
	REFORMED		AUSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C WHERE DID (If in Boltimo	re City, give exact location)			
OR CONTRIBUTING CAUSE OF	home, form, factory, street, a	ffice bldg., INJURY OCCUR?	re only, give exact localion,			
DEATH (notify medical examiner)	etc.)					
OF INJURY (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.)	While At Not Whi	le 🗍				
			0 11-13 .66			
22. I certify that (I) (this hospita		19 day 10 1	19-			
that (I) (we) last saw the deceas	ed alive an fle 19	14 19 65 and that In(my) (aur) ap	Inian death accurred an the da			
and haur and fram the causes sta	ated abave. (1) (We) (did) (did nat)					
23A. SIGNATURE			23B, DATE SIGNED			
(1stopped)	Assert M.D. Att	ending Med. Stoff Phys.	7/19/64			
23C.PHYSICIAN'S		23D. ADDRESS	1			
NAME (Type)	Pr. 1134-1/4M.D.	54 no work the	,			
1	122/1/	O o o o o o o o o o o o o o o o o o o o				
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D, LOCATION (C	City, town, ar county) (State)			
	66 Arbutus Memor	ial Park Arbutus Ba	lto Co, Md			
2SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	1 3 9 8 1	Herbert E. Nutter 3	035 W. North Av			



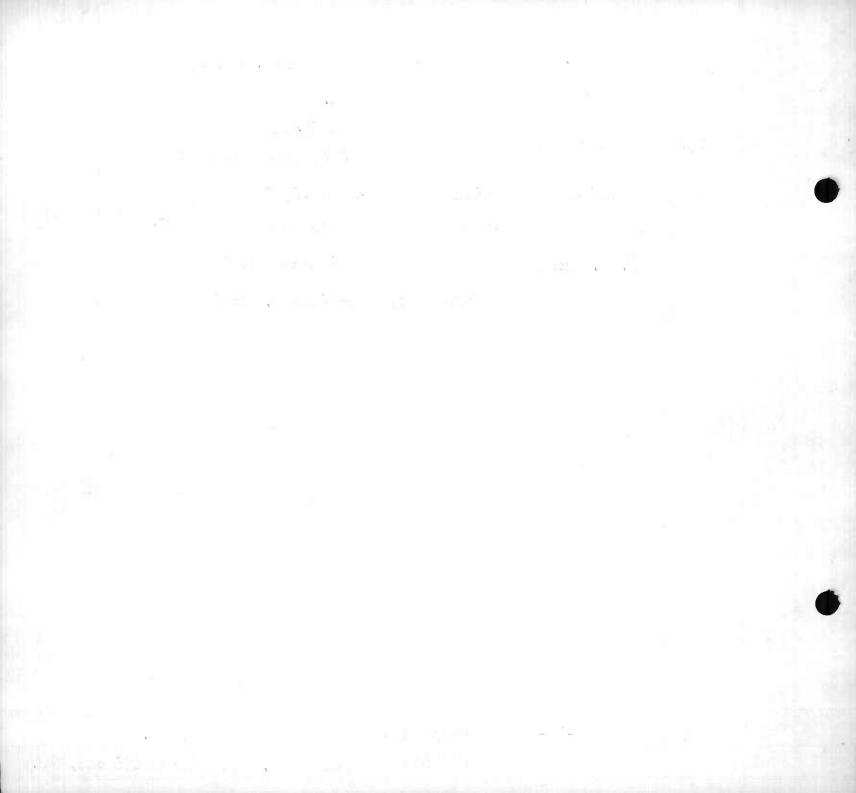
DIRECTOR:

FUNERAL



	66 01850 BALTIMORE CITY HEALTH DEPARTMENT X C6 01850
0100	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO.
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
	RICHARD A. PREISINGER February 18, 1966 3:10 P
	A. STATE B. COUNTY!
	HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
,/	Glen Burnie 52-00
4	Union Memorial Hospital D. STREET ADDRESS (If rurol, give locotion) Rt. 2, Box 141, Shoreland Drive
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) last birthday Months Days Hours Min.
	Mole White
	10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	done during most of working life, eyen if retired) WHAT COUNTRY?
	Stevedore-Joreman Maryland USA
	John R Projections
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no arunknawn) (If yes, give war or dates of service) SECURITY NO.
	yes WW 1 219102305 John J. Preisinger 2804 Harford Rd.
	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH Hypertensive Cardiovascular Disease.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
	injury or complication which coused death.)
	ANTECENDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO DUE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	(C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in at obaut 21C. WHERE DID (If in Baltimore City, give exact lacation) home, farm, factory, sheet, affice bldg, INJURY OCCUR?
	UTING CAUSE OF DEATH.
	2 21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	(APPROX.) WHILE AT NOT WHILE AT WORK
	22. I certify that I held an Inquiry Inspection X Autapsy ond that an this basis, death in my apinion
	resulted fram: Natural causes X Accident D Sulcide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL DATE SIGNED
	SIGNATURE M.D. ASSOCIATE MEDICAL EXAMINER 2/19/66 EXAMINER'S Charles C. Dates M.D. ASSOCIATE MEDICAL EXAMINER 2/19/66
	NAME (Type) Charles S. Petty, M.D.
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
	burial 2-23-66 Baltimore Nat'l Cem. Baltimore, Md.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FÜNERAL DIRECTOR ADDRESS
	FEB 21 1966 O. D. J. E. Faller Leonard J. Ruck Inc Baltimore, Md.
	VS 151-REV. 1/1/65

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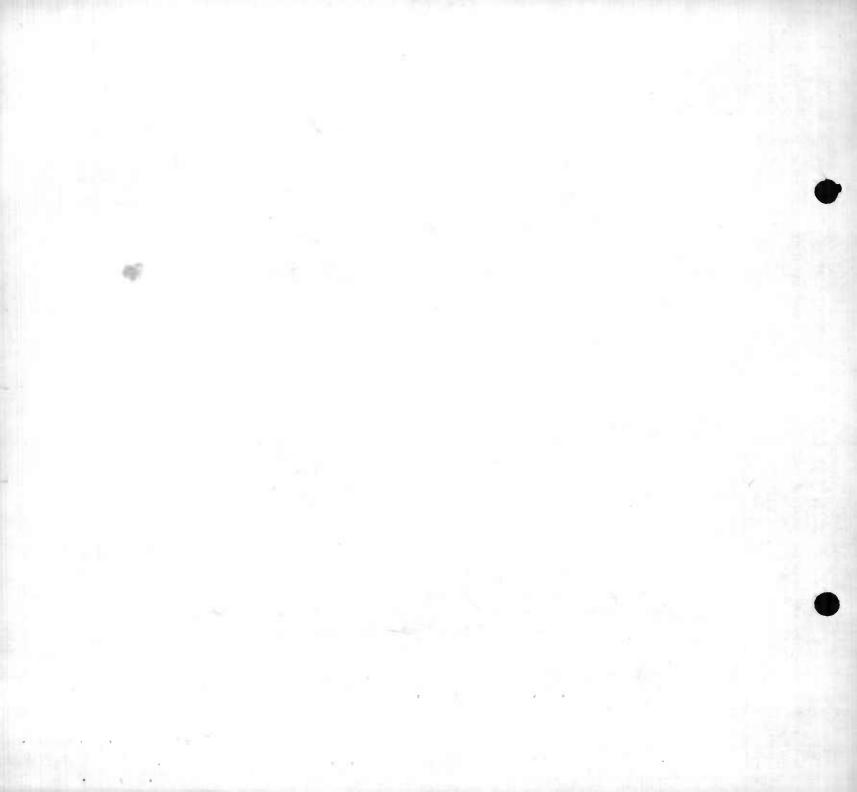
	5/6
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	the show

BIRTH NO. 66 01852	CERTIFICA	TE OF DEATH	Registered No.	c:185&b
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
Type or Print) Edwin A. Com	1881	Feh	20 1061	11:45%
3. PLACE OF DEATH IN BALTIMORE MARYLAND	EXIDED	4. USUAL RESIDENCE (Where A, STATE B, COUNT)	deceased lived. If inst	titution; residence before admissi
ERITICATE AN	IENDED	MA	20	1711
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) NSTITUTION	on, give street 2-24-66	C. CITY OR TOWN (If outsi	de city limits, write RL	JRAL and give township)
	It md	Rattimen	2	
University Hosp. B	attit	D. STREET ADDRESS (If ru	rol, give location)	
,		53/3 Lano	noson A	V-e
	IED, NEVER MARRIED WED, DIVORCED (specify)		AGE (In years st birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	1261C	9/23/40-	VI 6 1	rs.
tOA. USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
· · · · · · · · · · · · · · · · · · ·	ewspiper;	New Virk		173
13. FATHER'S NAME A		14. MOTHER'S MAIDEN NAM	E	
HAUGUSTUS J.	Convery	164	· Fl 1	-11 han-(1)
5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	LITTAI	neth Warfic
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	0+, 1	1	
(10	212-01-708	1 07,5 Char	+	
18.4500 W- 260	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Co	1.201 111	en chlance	1/nt and
(This does not mean the mode of dying,	a.g., DUE TO	revalized Art	or os parasi	3 NANONY
heort foilure, asthenia, etc. It means the diser injury ar camplication which caused death.)	ose,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, give	DUE TO			
rise to the above couse (A) stating				
UNDERLYING CONDITION last.	<u></u>			
Z	71110			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO		Lite Molling	tuc	
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FI	NDINGS CONSIDERED
WAS PERFORMED	1 1 - +	No	IN CERTIFYING CAU	SES OF DEATH?
W/L V/ V/ V	21/B. PLACE OF INJURY le.g.,	in or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	home, form, factory, street, etc.)	office bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	DY OCCUP?	
OF INJURY	While At Not Wh		KI OCOOK.	
(APPROX)	Work At Work		11 6	1
22. I certify that (T) (this hospital) attended	ed the deceased from	2b 1, 19	65.10	b 20 196t
that At (we) last saw the deceased alive	on 1-8520	19 6 ond that	in(pay) (our) opini	ian deoth occurred an the o
and hour and from the couses stated above	e. (H) (We) (did) (did-not)	view the body after death.		
23A. SIGNATURE	2			23 B. DATE SIGNED
Lorais C. Brew		tending Med. S ys. Director P	toff hys.	2/20/61
23C. PHYSICIAN'S		23D. ADDRESS	11	p / 1 / 1
Louis C. Breschi	M.D.	University	4/05P. 1	Soft MX
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CI	REMATORY 24D. LO	CATION (City	, town, or county) (State
REMOVAL (Specify)				
Burial 2-24-66 1	New Cathedral	Ba	ltimore	Md.
	Phillips and the second		& Sone Co	.4905 York Rd
	Galley MA	II . M . O OIIW TIID	S DOME OU	e4705 TOTK NO
VS 150-REV. 1/1/65				

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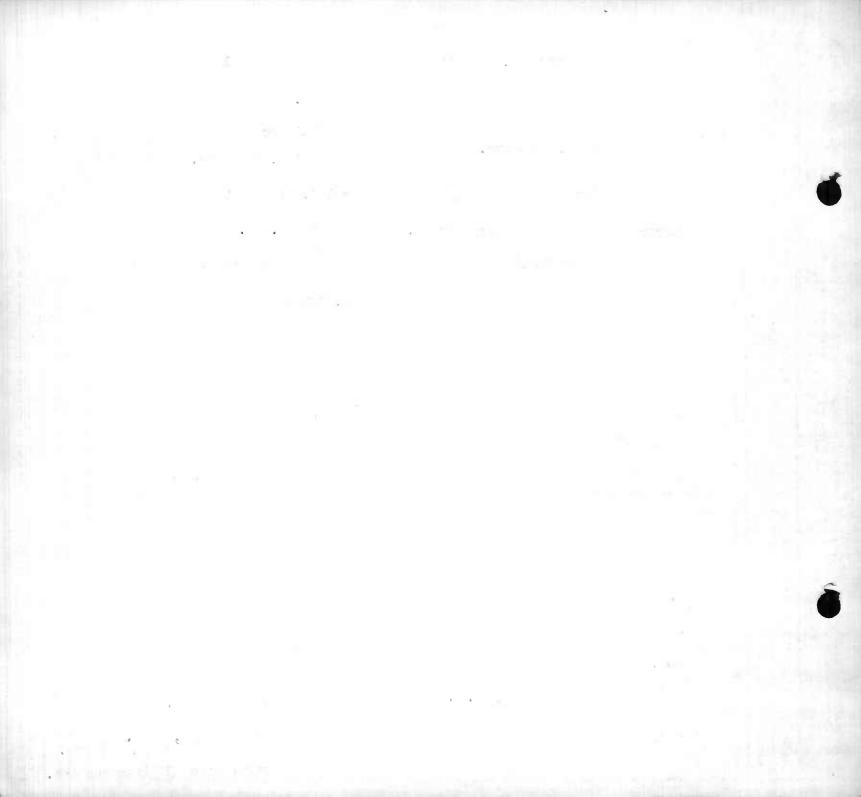
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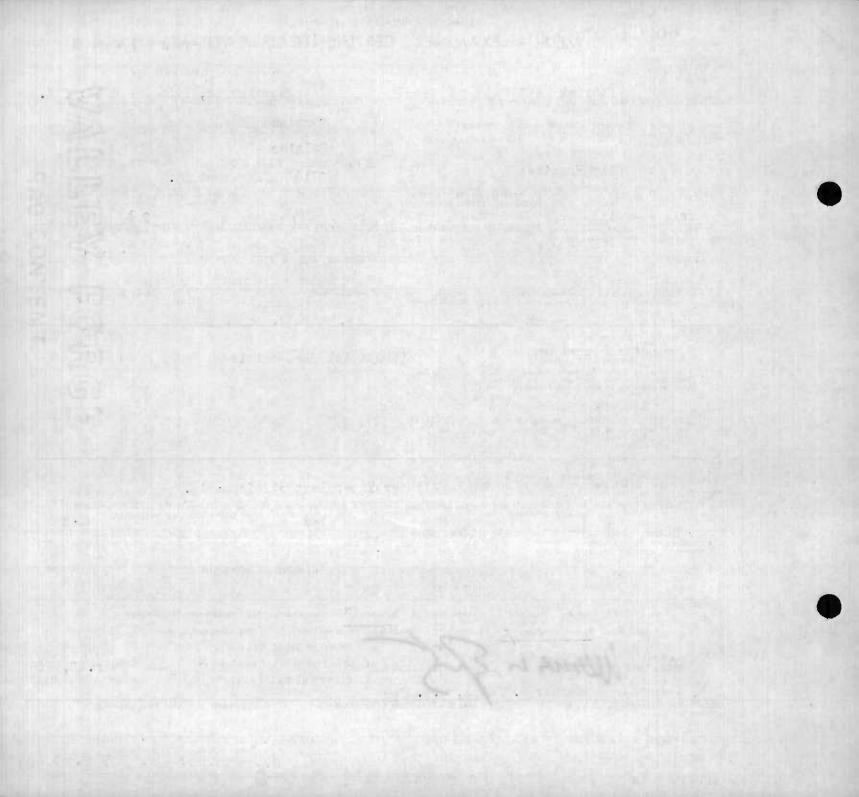
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	66 01	857		TY HEALTH DEPAR		Paristand Na	66 01857
RTH NO.			CERTIFICA	ATE OF DE			
ypo or Print)		an L. M	eushaw		2. DATE AN	2/18/66	4
PLACE OF I	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	ENCE (When	e deceased lived. II	institution: residence before admission)
FULL NAME HOSPITAL O	R oddiess or location		givo streot	Md c. CITY OR TOW	•		RURAL ond give township)
)				Balt D. STREET ADDR	imore	uiol, give location)	
	424 E. F	ort Ave	•			ort Ave.	
SEX	6. RACE White	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) dowed	Sept 4,		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of worl of working life, even if retired)					gn country)	12. CITIZEN OF WHAT COUNTRY?
Labor		New	spaper Co.	Ba	lto. M	d.	USA
. FATHER'S N				14. MOTHER'S M	AIDEN NA	AE	
	Zachary M				Linda	a Kenney	
es, no or unkno	sod Ever in U. S. Armed For (wn) (II yes, give wor or doto	rces? os of service)	SECURITY NO.	Mrs. Car	rie Ve	tters	Same
18. Left 2	44X1		CAUSE	OF DEATH			INTERVAL BETWEEN
DISE	ASE OF CONDITION DIE	RECTLY	(A) (A)	steries-	lora	be lea	ONSET AND DEATH
heort foilu	s not mean the modo of re, osthenio, etc. It meons	the diseose,		Cserone			00
injuly of c	complication which caused ANTECEDENT CAUSES		(8) 74	alister	men		
DISEASES	OR CONDITIONS, if		DUE TO			i a na na coo e coo e e e e e e e e e e e e e e e	
rise lo	the obove cause (A)			· ·	*****		
	Ш						
TO THE	ONIFICANT CONDITIONS CODEATH BUT NOT RELADER CONDITION CAUSING	ATED TO TH	G IE				
19A.DATE	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN CERTIFYING CAL		FINDINGS CONSIDERED USES OF DEATH?	
OR CONTR	DENT WAS UNDERLYING DIBUTING CAUSE OF tily modical examiner		R. PLACE OF INJURY (o.g., ne, form, foctory, street,			(II in Boltima	oro City, give exact location)
21 D. TIME			21 F. HOW DID INJURY OCCUR?				
(APPROX.)		W	nile At Not WI				
22. 1 certi	ify that (1) (this hospito	l) attended t	he deceased from	0-et 1	,	9 6 5 10	Fil- 18 19 66.
that (1) (w	re) last sow the decease	ed olive on	2/1/	19 6 6	and the	at in (my) (our) as	olnion death occurred an the dote
	and from the causes sta	ted abave. (I) (We) (did) (didenci)	view the body aft	ter deoth.		
23A. SIGNA	ATURE () A)	1	1 M.D. A	stending	ed.	Stoll	23 B. DATE SIGNED
23C. PHYSIC	TIANS	lun	PI	hys. Dir	ector	Phys.	2/18/66
23C. PHYSIC	Samuel R	ubin,	M.D. M.C			atapsco <i>I</i> more, Md	
AA, BURIAL C	REMATION, 24B. DATE	24C. N	AME of CEMETERY OF C				City, town, or county) (State)
Burial	2 21 66		Glen Haven			en Burnie,	Md.
SA. DATE REC	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL			30 E.FORT. Avs.
150-REV. 1/	1986 120 48	stoller.	MAG CO	1 4cCall	y rune	ral Home 2	37 Patapsco Ave.

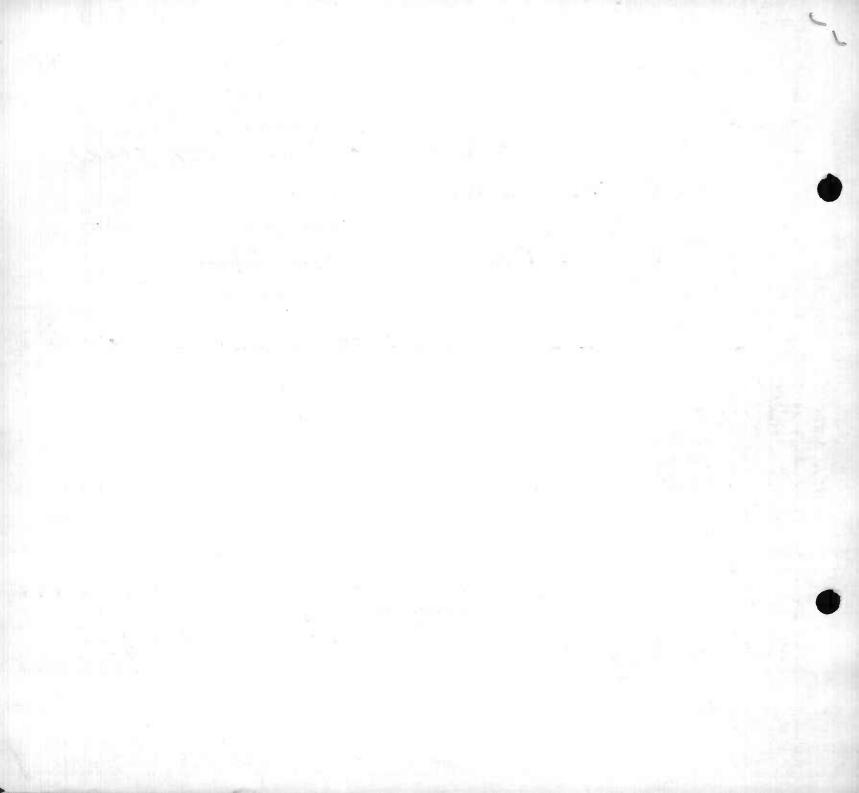


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		ICAL EXAMINER'S C	ERTIFICATE OF D	EATH Registered N	1.858		
\vdash	E. CASE NO. NAME OF DECEASED		2. DATE AND	HOUR PRONOUNCED DI	EAD		
(Ту	pe or Print) Patrick	UTCCTNG		rv 11. 1966	1 77 00 1		
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institutions B. COUNTY	residence before admission)		
FU	LL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland				
HC	SPITAL OR ADDRESS OR LOCA	(TION)	C. CITY OR TOWN (If outside	corparate limits, write RUR	AL ond give township)		
			Baltimore	0 6	08		
1	City Hospi	tal	D. STREET ADDRESS (If rurol, 3716 Cla	give locotion) Rremont St.			
5.	EX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs.		
		WIDO WED, DIVORCED (specify)		last birthday) Mar	nths Days Hours Min.		
10/	male white USUAL OCCUPATION (Give kind of world	infant	Nov. 17, 196		CITIZEN OF		
	e during most of working life, even if retired)			- '	WHAT COUNTRY?		
13.	FATHER'S NAME	_	Baltimore, Maryland U.S.A.				
	Arthur Higgins		Garmela Murd	nek			
15.	WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT		DRESS		
(Ye	s, no orunknown) (If yes, give war or date	s of service) SECURITY NO.					
	- IB.	- CAUSE	Mr. & Mrs. De	om. Guzzo	INTERVAL BETWEEN		
	20 1		OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY Inter	stitial pneumonit	is	FIUS C		
	(This daes not meon the mode of hear failure, asthenia, etc. It meons	dying, e.g., DUE TO					
	injury or complication which caused	death.)					
	ANTECENDENT CAUSES						
	DISEASES OR CONDITIONS, IF A	NY, GIVING DUE TO		***************************************	***************************************		
_	UNDERLYING CONDITION LAST.	(6)					
Ó	11	(0)	•••••••	-			
AT	OTHER SIGNIFICANT CONDITIONS						
ERTIFICATION	TO THE DEATH BUT NOT REI		al purulent otiti	s media.	***************************************		
ERI	19A, DATE OF OPERATION 19B, CON		20A. AUTOPSY? (Yes or No)				
C	ox.	ORMED	Yes	N CERTIFYING CAUSES OF	Yes Yes		
EDICAL	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	home, farm, foctory, street,	in ar about 21C. WHERE DID (I office bidg., INJURY OCCUR?	f in Boltimore City, give exc	act location)		
03	UTING CAUSE OF DEATH.	etc.)	RIES MESSIVE L				
Σ	21 D TIME (Month) (Day) (Year OF INJURY	Haut) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
	(APPROX.)	m. WHILE AT NOT	WHILE ORK				
	22. certify that I held an	nquiry Inspection Au	tapsy 2 and that an this	s basis, death in my api	Inlen		
	resulted from: Natural car			ndetermined manner	in di		
	resorted train. Natural car	Accident Solicia					
ACTUAL ACTUAL CHIEF MEDICAL EXAMINER DATE SIG							
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER Febr. 12, 1966 EXAMINER'S ASSOCIATE MEDICAL EXAMINER						
	EXAMINER'S V NAME (Type) Werne	r U. Spitz, H.D.	ASSOCIATE MEDICAL EX	AMINEK			
	BURIAL CREMATION, 238. DATE	23C. NAME of CEMETERY	OF CREMATORY 23D. LO	CATION (City, town,	, ar county) (State)		
KE	MOVAL (Specify) Burial 2/14/6	Sacred Wes					
24/	DUIT AL 2/14/6	Sacred Hea	24C. FUNERAL DIRECTOR	timore, Md.	ADDRESS		
	FEB 2.1 1988 @ F.	of E. Jungara	freege >). 3	Zanning MIn	263 S. Conk)		
	1-770 10 77 1000 04.1014	1 4 1 100	Joseph NU	Jammino, or.	ZOJ B. COIIA		
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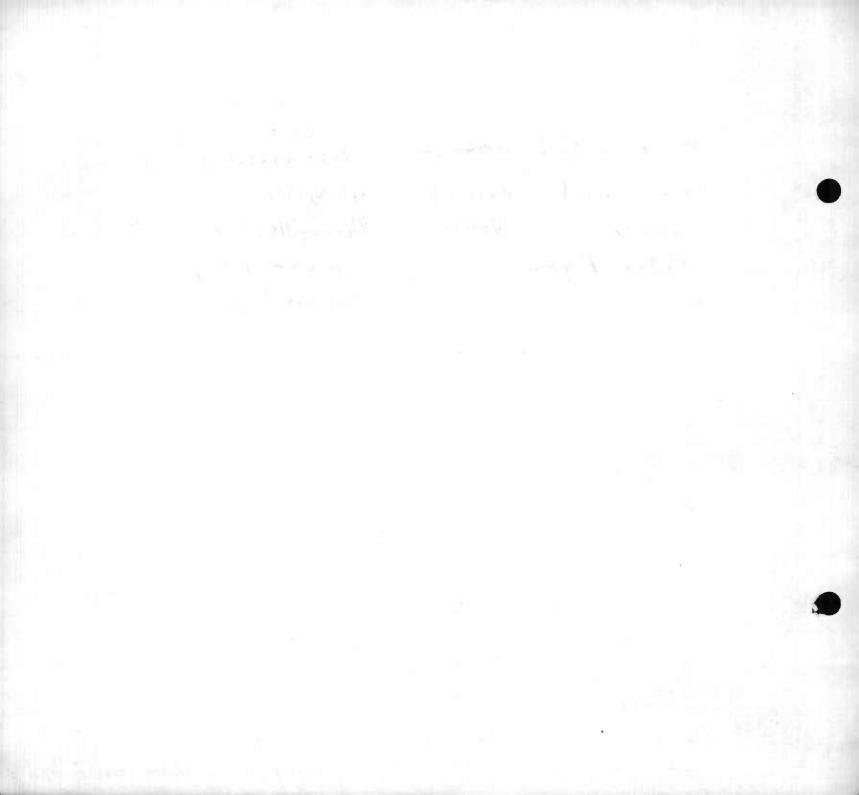
BALTIMORE CITY HEALTH DEPARTMENT



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BIRTH N	0.66	0189 WED	ICAL EX	CAMINER'S C	ERTIFICAT	E OF	DEATH Registe	red No	0.1900	
M.E. CA										
(Type or	Print)		E MANIG	0			cuary 15,196		5:15	P _M .
3. PLAC	E IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID		deceosed lived. If inst	tution: resi		
FULL NA	ME OF	HE NOT IN HOSPIT	AL OR INSTIT	UTION GIVE STREET	Ma	aryland				
HOSPITA	LOR	ADDRESS OR LOCA	TION)	UTION, GIVE STREET			e corporate limits, write	RURAL	nd give township)	
						ltimore	/	//	10	
		512 N. Brad	ford St		D. STREET ADDR					
							adford St.			
5. SEX		6. RACE		DIVORCED (specify)	8. DATE OF BIRTH	Н	9. AGE (In years lost birthdoy)		Doys Hours	
	ale	negro		owed	duly 3,	1904	67.			
		JPATION (Give kind of war vorking life, even if retired)	NOB. KIND O	F BUSINESS OR INDUSTR	YII. BIRTHPLACE	State or foreig	n country)	12. CITIZ	EN OF T COUNTRY?	
140	00-52	wife	N	one	BALTIM	iore ;	ma	24,	5. A.	
13, FATH	ER'S NAM	IE ID			14. MOTHER'S M.					
	HLL	iert Wi	995		1	12 5	iLL			
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
N	0				ANNIE	BeLLe	HAWKINS	1745	E. Enger	57.
18.	14	2 V.		CAUS	E OF DEATH				INTERVAL BETY	
	DISEA	SE OR CONDITION DI	RECTLY						ONSEL AND D	EAIH
		LEADING TO DEATH		(A) Hypert	ensive car	diovaso	ular dieeas	e and	obesity	
he	ort foilure,	osthenio, etc. It means	the disease,	DUE TO						
l 'n	lury or cor	nplication which coused	deoin.)							
		NTECENDENT CAUSE		(B)						
RI	SE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S		DUE TO						
	N DE RLYIN	IG CONDITION LAST.		(C)						
CATION										
S OF		NIFICANT CONDITIONS								
트 1		DEATH BUT NOT RE		[HE		************				
-	DATE OF	OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FIL			
0			S 8 2		no					
		OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21C. W	VHERE DID	(If in Boltimore City, gi	ve exoct lo	cotion)	
THE STATE OF THE S	IG CAU	SE OF DEATH.	etc.)							
	TIME	(Month) (Doy) (Yeo	e) (Hour) 2	TE. INJURY OCCURRED	21F. H.C	DW DID INJU	JRY OCCUR?			
(APP	ROX.)		m	WHILE AT NOT	WHILE T					
22.						1.1				
		rify that I held an I		Inspection X Au			Is bosis, death in n		n	
	resul	ted fram: Natural ca	uses	Accident Suicio			Indetermined manne	er		
	ACTUA	1/1/201	Ti.), (/,			AMINER		DATE SIGN	ED
	SIGNAT		y lus	M.C	ASSISTANT M					
	EXAMIN NAME (Breite	necker, M.D.	ASSOCIATE M	EDICAL E			2-16-66	
	RIAL CRE		23	C. NAME OF CEMETERY				town, or	county) (Sto	ite)
1	Umal	10 - 31.	-66	Balto. No	17. Cem	0	Baltimor	C	ma	
	- 1 - 1 6	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR			DDRESS	
	FEB	23 1966 02	18.2.	Ja Amy	6.0	· Wil	2000 1000	BrA	They for	C
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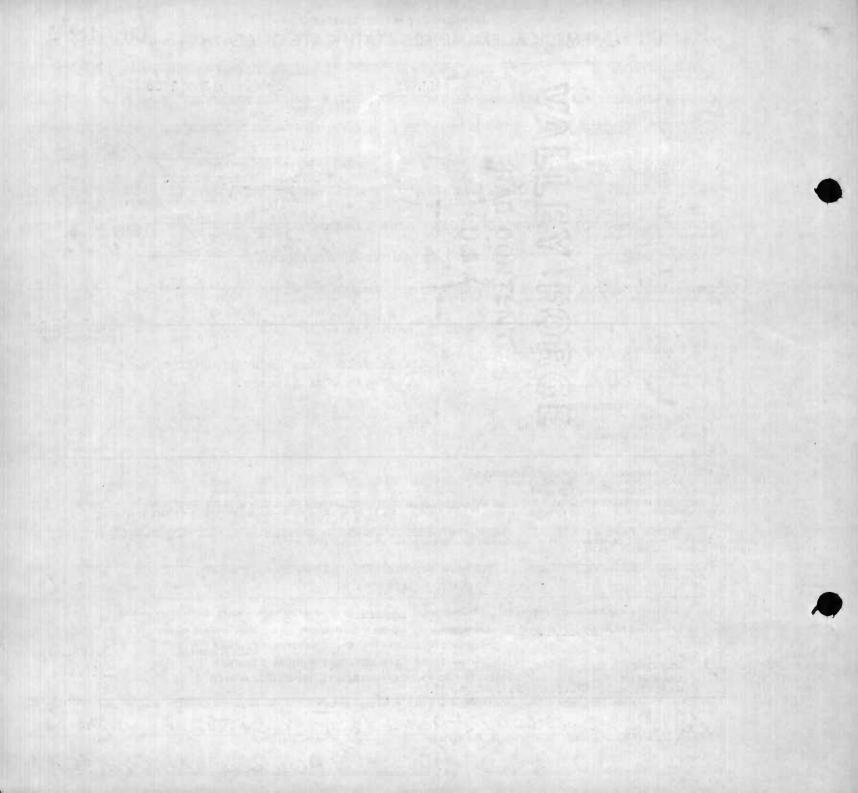
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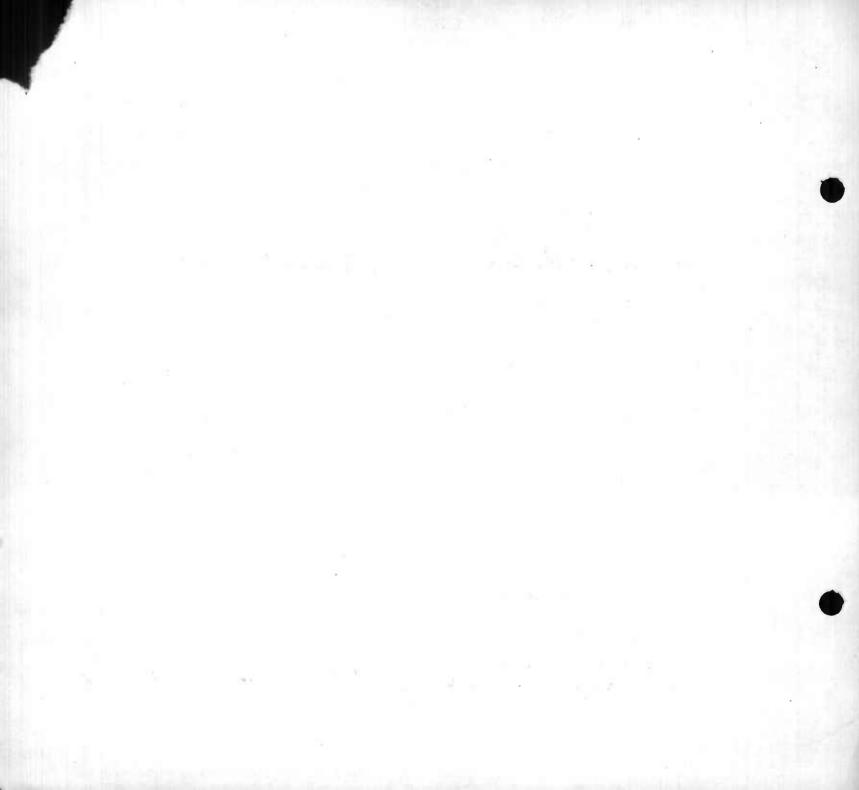
ш				Ditterminante diri i	E TELLI DEL TICCITA	13/3 /3 4 37	1001
	BIRTH NO.	66	0186MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered No. 118	10.

I. NAME OF DEC	EASED			2. DATE AND HOUR PRONOUNG	CED DEAD
(Type or Print)	AARON	PHILLIPS		February 18, 19	966 9:30 P
PLACE IN BALTI	IMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. II in: B. CO	
ULL NAME OF	(IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET		ryland VN (II outside corporote limits, wri	te RIIRAL and give township)
IOSPITAL OR	ADDRESS OR LOCATION)			ltimore,	(50)
	The same and the same and the same and	ed. •			10-00
Unive	rsity Hospital			23 Mulberry Street	
SEX		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 H Months, Doys, Hours, Min
Male	Negro	Moine	(O01-11	1-19 21 45	A Adres to the contract of the
	PATION (Give kind of work 108. KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE		12. CITIZEN OF
one during most of w	vorking life, even/lif retired)		Stan	Ton Pol	WHAT COUNTRY?
FATHER'S NAM	IE JUNIO	2 12 1 1 2 1	14 MOTHER'S M	AIDEN NAME	MART
mr	. A. O phine		80.	M. A	
. WAS DECEASED	D EVER IN U.S. ARMED FORCES	? 16. SO CIAL	17. INFORMANT	ner (Mistelles	ADDRESS
es, no or unknown)	(If yes, give wor or dotes of serv	ice) SECURITY NO.	0,	1 1 11	
	n		Clean	ree Vhillenes	sound
18.44	3 X 1	CAUSE	OF DEATH	7	INTERVAL BETWEE
DISEAS	E OR CONDITION DIRECTLY				ONSE! AND DEA
	LEADING TO DEATH	(A) Arteri	ioscleroti	c and Hypertensive	2
heort loilure,	ot meon the mode of dying, osthenio, etc. It meons the dise application which coused death.)	e.g., MHXXXX	iovascular		***************************************
intury or con	nplication which coused death.)	Card	Lovascular	Disease.	Cold Mark to the Cold Cold Cold Cold Cold Cold Cold Cold
A	NTECENDENT CAUSES				
DISEASES C	OR CONDITIONS, IF ANY, GIVE	NG DUE TO	***********************		••••••••••••
	E ABOVE CAUSE (A) STATING	THE			
Z		(C)			
2	li				
TO THE	NIFICANT CONDITIONS CONTRI DEATH BUT NOT RELATED R CONDITION CAUSING IT.		**************************************		
19A. DATE OF		FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
5 9,	WAS PERFORMED		Yes	IN CERTIFICAL CAL	
21 A. EXTERNAL	CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID III in Boltimore City.	nive exact location)
UNDERLYING CAU	OR CONTRIB-	home, form, foctory, street,	office bldg., INJURY	HERE DID IIf in Boltimore City, OCCUR?	
E OID TIME	SE OF BEATH.				
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	FEB 23 1956	D. 3 d	Children A. M.	-Coloredio	Lelson 100	1) Brandy K

BALTIMORE CITY HEALTH DEPARTMENT



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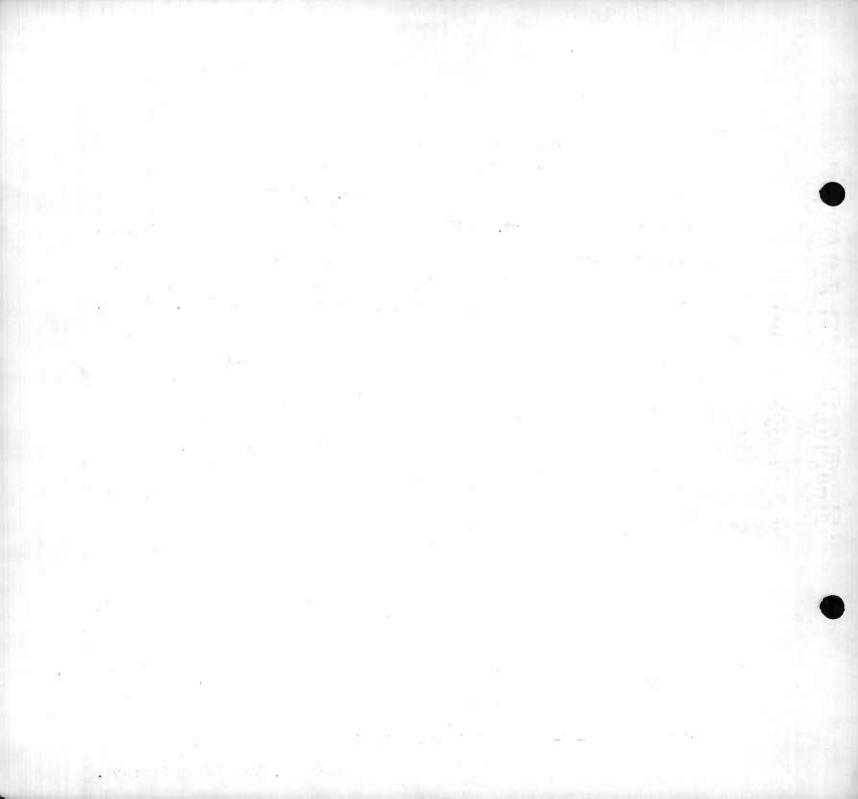
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IMPORTANT

DIRECTOR:

FUNERAL



248 NAME OF REGISTRAR

J.E. H.B

ADDRESS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD MAXINE **JACKSON** 12:50 A M. February 19, 1966 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II in stitution: residence before admission) B. COUNTY Marvland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION Baltimore Binai Hospital D. STREET ADDRESS (II rural, give location 3709 Boarman Avenue 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. WIDOWED, DIVORCED(specify) last birthday Months, Doys, Hours, Min. Female Married Oct. 13, 1929 Negro 36 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Accounting Technician Esso Oil Co. Elizabeth City. N. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena Mae Brown John W. Mitchell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no arunknown), (If yes, give war or dates of service) SECURITY NO. No 231-38-5260 Dennie Jackson - 3709 Boarman Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple Traumatic Injuries. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) hame, lam, lactory, street, affice bldg., INJURY OCCUR? MEDIC UTING CAUSE OF DEATH, Street Callaway and Belle Avenues 21D TIME 21F. HOW DID INJURY OCCUR? (Month) 21 E. INJURY OCCURRED (Day) (Year) OF INJURY NOT WHILE X Passenger in auto=auto collision. 66 22. I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinion resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER all SIGNATURE 2/19/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION, 238 DATE 23C. NAME of CEMETERY or CREMATORY 23 D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial 2-23-66 Baltimore National Baltimore, Maryland

24C, FUNERAL DIRECTOR

Charles R. Law 802 Madison Ave.

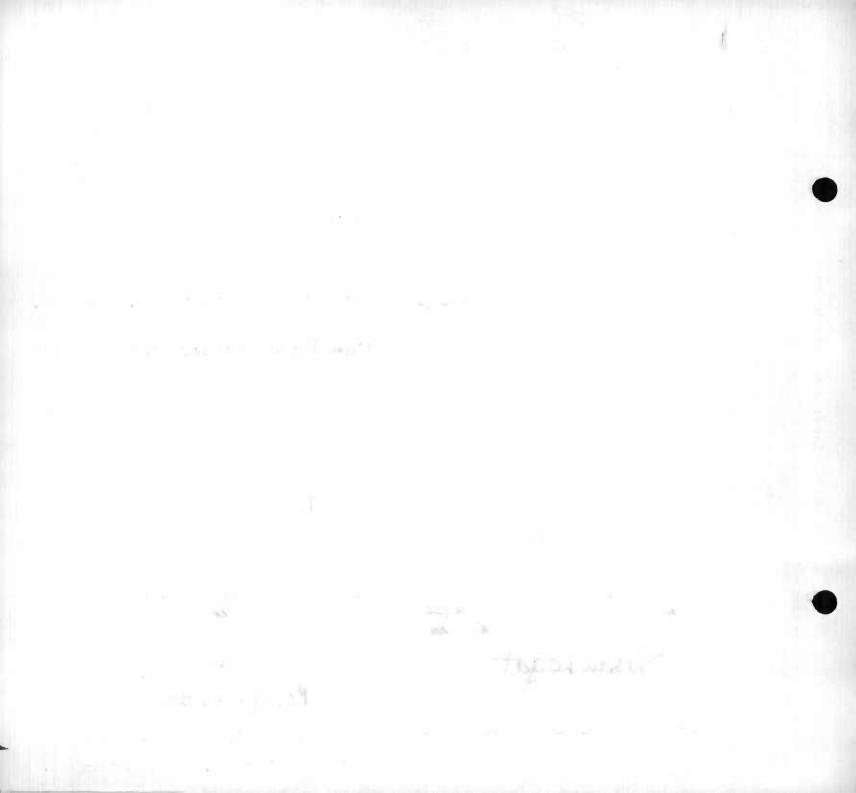
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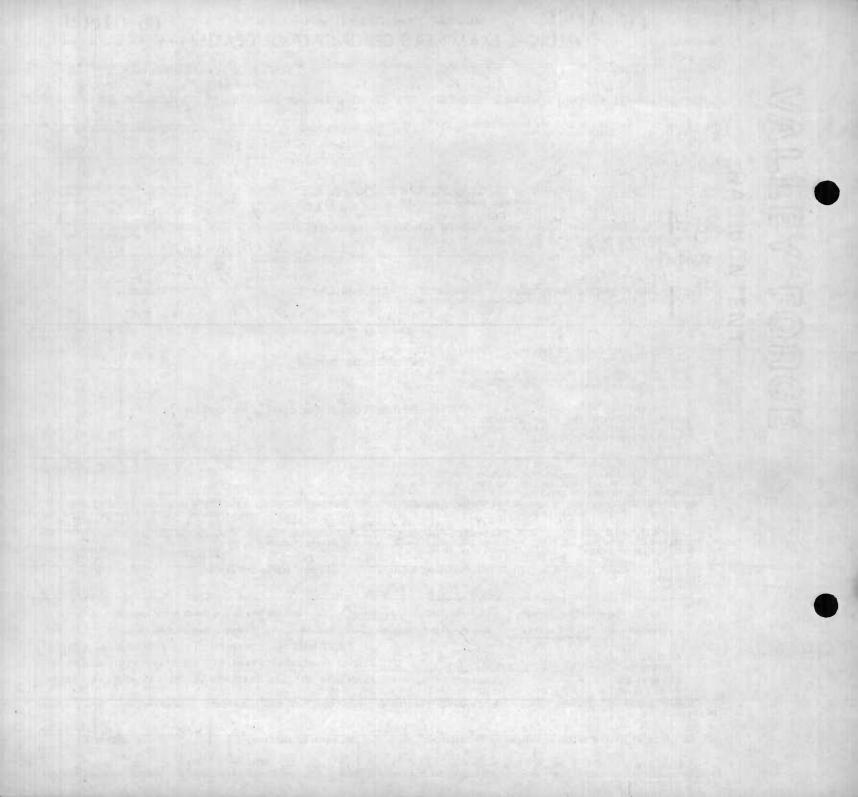
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BIRTH NO.	WED	ICAL EX	KAMINER'S CI	RIFICATE	OF DEATH Regis	rered No.
M.E. CASE NO.						
1. NAME OF DEC	GEORGE	ALLEN	BARNETT		Tebruary 20, 19	
	MORE, MARYLAND, W			4. USUAL RESIDENCE A. STATE Mary 12	(Where deceased lived, If in B. CC	stitution: residence before odmission DUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				c. city or town (ite RURAL and give township)
Provi	dent Hospita	1		D. STREET ADDRESS 2452 ((If rurol, give location) Callow Avenue	
Male	6. RACE Negro	WIDO WED,	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH Oct. 27, 192		Manths, Days, Hours, Min.
Steel Wo	orking life, even if retired)		hem Steel	Ruffin, N.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	
James Bar	nett		STATE OF THE STATE	Sallie Mit	chell	
5. WAS DECEASED	O EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WW II	3 01 3014100	240-40-9766	Beatrice S	Barnett - 91	4 Edmondson Ave.
DISEASES CRISE TO THE UNDERLYIN	asthenia, etc. It means plication which coused NTECENDENT CAUSE OR CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST. II III	S NY, GIVING (ATING THE				
19A DATE OF	OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	
21 A, EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o Street	n or obout 21C. WHERE ffice bldg., INJURY OCC	DID (If in Boltimore City, UR?) of 2450 Callow D INJURY OCCUR?	give exact location)
(APPROX.)	2 20 166	A	WHILE AT NOT W	WHILE X Stabbe	ed during alter	cation.
	fy that I held on I		Accident Suicide	Homicide 2 CHIEF MEDIC	AL EXAMINER	
SIGNATU EXAMIN NAME (T	ER'S	200	tty, M.D.	ASSISTANT MEDIC		q 2/20/66
23A, BURIAL CREA	AATION, 238. DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23D. LOCATION (Ci	ty, tawn, ar county) (State)
Burial	2-24-6		Baltimore Na	tional	Baltimore, M	aryland
24A. DATE REC'D	ED 23 1999	24B. NAME	OF REGISTRAR	Charles	RECTOR	ADDRESS dison Ave.
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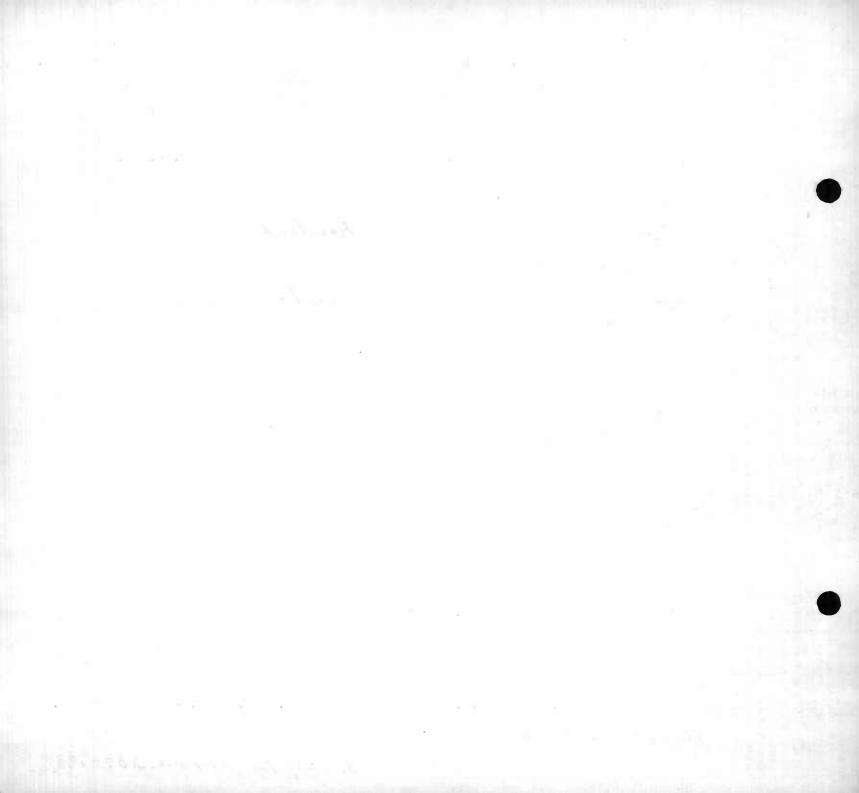


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BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	
M.E. CASE NO.	
1. NAME OF DECEASED DAVIS; HERMAN L. 2. DATE AND HOUR PRONOUNCED DEA	9:50P
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: real and a state A COUNTY (Sidence before odmission)
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION	
D. STREET ADDRESS (If ruyol, give locotion)	1500
1ST ST + BAY	
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) SIMELE 9. AGE (In yeors lost birthdow) Month	der 1 Yr. If Under 24 Hrs. s, Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CIT	TZEN OF
CAPPETTER BUILDING BERLIN NID RED) 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.SA.
ISAAC L. DAVIS FLORENCE FIGE	2
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRIVES, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	ESS
NO ZZI-20-1377 HOSPITAL RECURS)
18. / 9 3 0 1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Bronchopneumonia	
(This does not mean the mode of dying e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING Brain Tumor (microglial cytoma). DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING (T. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS	
() 1-79-1 / WAS-PERFORMED'L PD1-1 1/1-1 VE (IIN CERTIFYING CAUSES OF	DEATH?
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g. in at about 21C, WHERE DID. (If in Boltimore City, give exact	Yes (ocotion)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. One of the control	
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
(APPROX.) MHILE AT NOT WHILE AT WORK AT WORK	
22. I certify that I held an Inquiry Inspection Autopsy and that on this basis, deoth in my opin	lan
resulted from: Netural couses X Accident Suicible Homloide Undetermined manner	
ACTUAL SIGNATURE MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER	DATE SIGNED
A CONTRACTOR OF THE CONTRACTOR	B20,1966
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, o	r county) (Slote)
BURIAL 223/66 EVERGROEN BERLIN	MARYLAND
24A. DATE REC'D BY HEALTH DERT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR	ADDRESS
FEB 23 1965 Q. G. J. E. Carbey M. O 1 Ang 4 Fd. Burbage &	celu May
VS 151-REV. 1/1/65	7



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dea	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on t	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su	written approval must be obtained before the remains are embalmed or final disposition is made.
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M.E. C.	ASE NO.	CLRTITICA	TE OF DEATH Registered No.	
1. NAM (Type o	AE OF DECEASED	1	2. DATE AND HOUR OF DEATH	1000 1010
	Dovolny Dawy	e Baer	rebruzog 19/1	1966 1 /2 /10 1.
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admissi
FULL	L NAME OF (If not in hospital or institu	tion, give street	Mary and	200 Ota
	SPITAL OR oddress or location)	, g	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
		. ,	Monkton	53-00
-	f 11 . W	111 4	D. STREET ADDRESS (If rurol, give location)	
1	Re Union Menacrizi	HOSPI /21		
5. SEX	6. RACE / 7. MAR	RIED, NEVER MARRIED OWED, DIVORGED (specify)	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 I Months: Doys Hours Min
Fel	unale Cattersian	Married	4/19/12 ost birthdoy) 53	Notice of the second se
IOA. USI	SUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (Stote pr foreign country)	12. CITIZEN OF
0 2	uring most of working life, even if retired)	Marian	14214/240	WHAT COUNTRY?
	USEWITE DWG	Home	1 () () /	0.311
J. CAI	- 1 R		14. MOTHERS MAIDEN NAME	
6	mil Deer		Milared Jasch	
5. Wos Yes, no	s Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
4.1	10		Hans Baer Sa	une 36 3bevo
1B.		CAUSE C	110000	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	,	1	ONSET AND DEATH
	LEADING TO DEATH	(1)	101111 211	
	his does not mean the mode of dying,	e.g., DUE TO		· · · · · · · · · · · · · · · · · · ·
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	orl foilure, osthenio, etc. It meons the dis- jury or complication which coused death.)	eose,	,	
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inje	jury or complication which coused death.) ANTECEDENT CAUSES	(B) DUE TO	pertension.	
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WEDICAL CERTIFICATION NOT DIS TO DOS TO DOS	ANTECEDENT CAUSES SEASES OR CONDITIONS, if ony, go to the obove couse (A) stoling NDERLYING CONDITION lost. THER SIGNIFICANT CONDITIONS CONTRIBUTIONS THE DEATH BUT NOT RELATED TO SEASE OR CONDITION (AUSING IT.) A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED A. ACCIDENT WAS UNDERLYING A. ACCIDENT WAS UNDERLYING CAUSE OF ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour) in INJURY (Hour) to the couse stoted obove the couses stoted obove the couses stoted obove the couse stoted obo	UTING the (C) UTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cet) 21E. INJURY OCCURRED While At Not White At Work ded the deceosed from on	IN CERTIFYING CA	NUSES OF DEATH? THE City, give exact location) 19 6
WEDICAL CERTIFICATION NOT DIS 100 DIS	ANTECEDENT CAUSES SEASES OR CONDITIONS, if ony, go to the obove couse (A) stoling NDERLYING CONDITION lost. II THER SIGNIFICANT CONDITIONS CONTRIBUTIONS CAUSE OF ATH (notify medicol exominer) D. TIMER (Month) (Doy) (Year) (Hour) INJURY PPROX.) I certify that (Month) (Doy) (Year) (Hour) Contributions contributed contributions contributed contribu	UTING THE CO UTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White Work At Work ded the deceosed from on At Work We. W (We) (dld) (discovered) Wh.D. Att. Phy	IN CERTIFYING CA	inion deoth occurred on the c
WEDICAL CERTIFICATION OLD 10 10 10 10 10 10 10 10 10 10 10 10 10	ANTECEDENT CAUSES ISEASES OR CONDITIONS, if ony, g the to the obove couse (A) stoling NDERLYING CONDITION Iost. THER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 198. CONDITION WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour) PPROX.) I certify that W (this hospital) ottended the couses stoted obove. A. SIGNATURE	UTING the (C) UTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cet) 21E. INJURY OCCURRED While At Not White At Work ded the deceosed from on	IN CERTIFYING CA	inion deoth occurred on the c
WEDICAL CERTIFICATION NOT DO TO	ANTECEDENT CAUSES SEASES OR CONDITIONS, if ony, go to the obove couse (A) stoling NDERLYING CONDITION lost. II THER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT. A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour) INJURY PPROX.) I certify that (Ythis hospital) ottended the couse of contribution of the couses stoted obove the couse of contribution of the couses stoted obove the couse of contribution of contribution of the couse of contribution of the contribution of contribution of the contribution of the contribution of the contr	UTING THE CO UTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White Work At Work ded the deceosed from on At Work We. W (We) (dld) (discovered) Wh.D. Att. Phy	IN CERTIFYING CA	inian death occurred on the c
WEDICAL CERTIFICATION OLIVINA OLIVINA	ANTECEDENT CAUSES SEASES OR CONDITIONS, if ony, goe to the obove couse (A) stoling NDERLYING CONDITION TO RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 198. CONDITION WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour) PPROX.) I certify that W (this hospital) ottended to the couses stoted obove. A. SIGNATURE C. PHYSICIAN'S NAME (Type) ANCEL C. TIPTON JR	UTING the (C) UTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cet.) 21E. INJURY OCCURRED While A1 Not Whit At Work ded the deceosed from on	IN CERTIFYING CA	inion deoth occurred on the c
DISTRIBUTE OF THE PROPERTY OF	ANTECEDENT CAUSES SEASES OR CONDITIONS, if ony, go to the obove couse (A) stoling NDERLYING CONDITION lost. II THER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION (Month) (Doy) (Year) (Hour) FINJURY PPROX.) I certify that W (this hospital) ottended the couses stoted obove the couse stoted obove	UTING THE TO	IN CERTIFYING CA	inion deoth occurred on the company to the company
WEDICAL CERTIFICATION OLD 10 10 10 10 10 10 10 10 10 10 10 10 10	ANTECEDENT CAUSES SEASES OR CONDITIONS, if ony, go to the obove couse (A) stoling NDERLYING CONDITION lost. II THER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION (Month) (Doy) (Year) (Hour) FINJURY PPROX.) I certify that W (this hospital) ottended the couses stoted obove the couse stoted obove	UTING the (C) UTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cet.) 21E. INJURY OCCURRED While A1 Not Whit At Work ded the deceosed from on	IN CERTIFYING CA	inion deoth occurred on the c



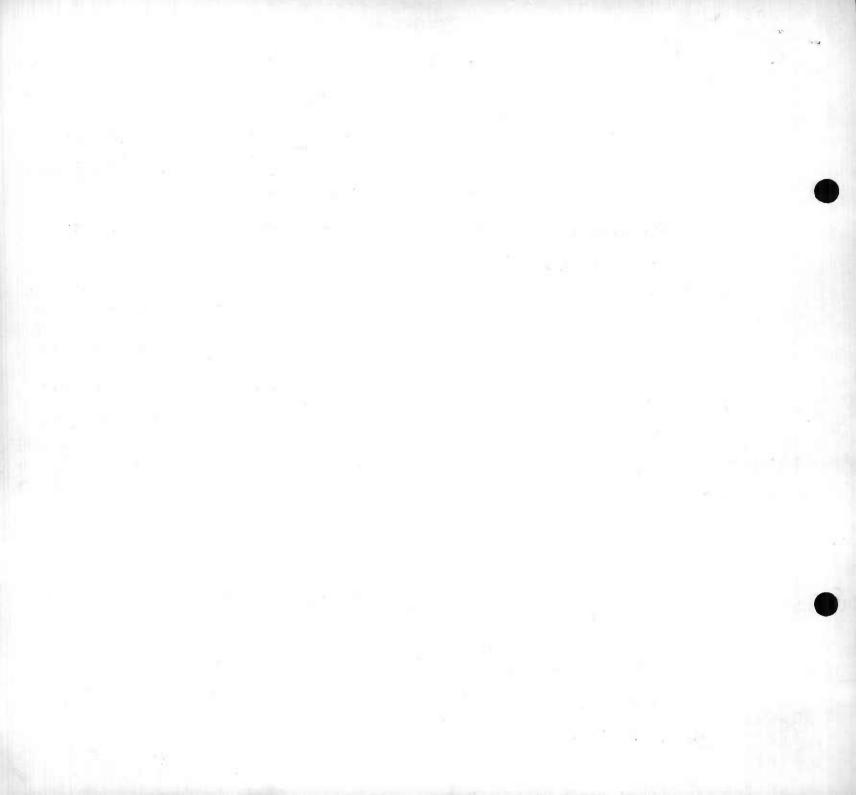
BIRTH NO. 66-10195 66 018	5,7,5	Y HEALTH DEPARTMENT	66 11872 2
M.E. CASE NO.	CERTIFICA		
1. NAME OF DECEASED (Type or Print)	100 1	2. DATE AND HOUR OF DEAT	
DEBOTA	MERSON	2/19/66	112:30 A
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceosed lived. If A. STATE B. COUNTY	institution; residence before admissi
FULL NAME OF (If not in hospital or in	nstitution, give street	MD BALTIN	NORE
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
/ UNION M	EMORIAL	BALTIMORE	1308
/		D. STREET ADDRESS (If rurol, give location)	
		3840 FALLS ROA	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min
FW	BABY	1/3/66 6 WKS	1 15
OA. USUAL OCCUPATION (Give kind of work 108	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)	NA	MARYLAND	USA
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME	0,071
0	B. MERSON		
		FLORENCE RE	OMILES
5. Was Deceased Ever in U. S. Armed Forces' Yes, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	NONE	PARENTS	
18. 7 74 8	CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TI Y		ONSET AND DEATH
LEADING TO DEATH	The The	eningitis due to E. coli	C.O.
(This does not mean the mode of dy	ing, e.g., DUE TO		
heart failure, asthenia, etc. It means the	o disease, oth.)		
ANTECEDENT CAUSES	(B)	Prematurity	
DISEASES OR CONDITIONS, if ony			
rise to the obove couse (A) sto			
UNDERLYING CONDITION last.	-		
O THE SIGNIFICANT CONDITIONS CON			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, a	in or obout 21 C. WHERE DID (If in Boltime	ore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (H	Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₩ OF INJURY (APPROX.)	While At Not Whi		
(AFFROA)	Work L At Work		
22. I certify that (I) (this hospital) a	ttended the deceased fram	FEB / 1966 to	FER 18 19 60
that (1) (%)-lost saw the deceased of	live on FEB	19 66 and that in (my) (our) o	pinian death accurred an the
and haur and from the causes stated	abave. (1) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE	0		23B. DATE SIGNED
O S. l.		ending Med. Stoff	2/10/66
22C PAYSICIANES	Phy	23D. ADDRESS	2/17/
23C. PHYSICIAN'S NAME (Type)	Jun 16 11 F L	100 =	IAL HISO
ROY SCHMICKEL	AMICICE M.D.	UNION MEMOR	17051
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State
D	C+ March 1 II	2000 7-3-3	A
Burial 2/22/66 25A. DATE REC'D BY HEALTH BEPT. 25	St. Mary's, Ham	pden 3900 Roland	Ave Balto Md
	A to all O D	11 + 18 1	100 Pe 16
EEB 23 1986 () 2 1-	Y ASSESSED STREET	CLUSTER DINGOTHOUTH 3	518 MOZENCE LEVE

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65



FZ-8-1700	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. CG 0187	CERTIFICA	TE OF DEATH	Registered No.	C Ditorie
M.E. CASE NO.)	DATE AN	ID HOUR OF DEATH	0 010/5
(Type or Print) POSE (TROSS		5-66	7:25 8
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whee		ution: residence before admission
FULL NAME OF (If not in hospital or instill HOSPITAL OR oddress or location)	olion, give street	C. CITY OR TOWN (If our	tside city limits, write RUR	-/3
INSTITUTION ILEGALIANTE	2 P. J. HOME	13 1/-	iside city limits, write kor	(AL one give township)
	REW HOME		rurol, give location)	1
AND INF		28/6 Cole	1 Spring	fane
WID	OWED, DIVORCED (specify)	may 13, 1889	9. AGE (In years I N	1 Under 1 Yr. If Under 24 Hr Nonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF
done during most of working life, even if retired)	Home	hen 4	-6	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0000
Joseph Kuth		Reberra		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give war or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	123/6	A ADDRESS
	320000111100	mo Esther	School	nen une
18.420,11	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Myocardial	Inculling	
(This does not mean the mode of dying,		7000	+ hsufficienc	
heorl foilure, osthenio, etc. It means the dis injury or complication which coused death.)		at II was	did T. C.	V. a have
ANTECEDENT CAUSES	(B)T	cute rigora ve	Injavo	con 2 hours
DISEASES OR CONDITIONS, if ony, grise to the obave couse (A) stoling	iving the co. av	cute Myoca vo tenio solentia Car	dio was on lov O.	Sese & Culana
UNDERLYING CONDITION Iosi.	(0)			
O OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A-DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
Q 21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whi			
22. I certify that (I) (this hospital) atten-	ded the deceased fram	12-11	19 54 to 2 -	-18 196C
that (I) (we) last saw the deceased alive	an 2-18	19 66 and th	at in(my) (aur) apinio	an death accurred an the de
and haur and from the causes stated abo	ve. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	77		25	B. DATE SIGNED
Localio M.	A.D. All	ending Med. Director	Stoff Phys.	2-18-66
23C. PHYSICIAM'S NAME (Type)	. [] M M.D.	23D. ADDRESS	Hospital.	of Galting
24A- BURIAL CREMATION, 24B. DATE 2	4C.NAME of CEMETERY OF CR	EMATORY 24D, L	OCATION (City,	fown, or cofunty) (State)
Bussed 2/20/16	Helm 4	1 - 1 h	Rolling 2	not.
1200000	AME OF REGISTRAR	25C FUNERAL DIRECTOR	60/0 Bx	ADDRESS
FEB 23 1966 @ - 8.	Fallow MA	Set Sein	nour & Du	is Inc
VS 150-REV. 1/1/65	***			



1-	-752
8-	770

66 018	(1)	ALTIMORE CITY HEAL				00	04000
BIRTH NO.	MEDICAL EX	AMINER'S CI	ERTIFICAT	TE OF D	EATH Register	ed No	110/6
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print) SHIRLEY PICKENS		PICKUS)	Februa	ry 18, 1966		4:15 P	
3. PLACE IN BALTIMORE, MAR	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY				ence befare admission)		
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Sinai Hospital			Maryland C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)				
			Baltimore D. STREET ADDRESS (If rural, give locotion)				
			6316 Greenspring Avenue				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			B. DATE OF BIRTH 9. AGE (In years If Und				1 Yr. If Under 24 Hrs. Doys Hours Min.
Female White	e WIDO	WED	Feb 1		66	12. CITIZE	
done during mast of working life exe HOUSEWIFE	e during mad of working life even if retired) HOME			BALTIMORE, MARYLAND			COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
PHILIP SCHLEIFER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SO CIAL			FANNIE ?				
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL SECURITY NO. 217/18/9694			Mrs. Annette Levy Same				
18.4000			OF DEATH				INTERVAL BETWEEN
ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Heart Disease. (A) DUE TO							
(This does not mean the mode of dying e.g., head foliuse, as thenino, etc. It means the disease, injury or complication which caused death.)							
Injury of complication which caused deaths							
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
RISE TO THE ABOVE CAUSE (A) STATING THE							
UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
19A. DATE OF OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID lift in Boltimare City, give exact location) UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID lift in Boltimare City, give exact location) hame, form, factory, street, office bldg., INJURY OCCUR?							
7	Day) (Year) Hour) 21	E INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?		
21D TIME (Month) (Doy) (Yeor) IHour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK							
22.	old on Inquiry	Inspection X Aut	apsy and	d that on this	basis, death in m	y opinian	
l certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my opinion resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner							
CHIFF MEDICAL EXAMINER							
ACTUAL (() () ACCISTANT MEDICAL EYAMINED X							DATE SIGNED
2/15/00							
EXAMINER'S NAME (Type)	Charles S.	Petty, M.D.	ASSOCIATE	LDICAL LA	AMINE K		
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY, 23D. LOCATION (City, town, or county) (Stote)							
BURIAL 2/20/66 Shomrei Adath Tzemech Baltimore, Maryland 24A, DATE REC'D BY HEALTH DEPT. 124B, NAME OF REGISTRAR 124C. FUNERAL DIRECTOR ADDRESS							
EFB 2.3 1985	CARNAME C	PAR PAR			E BROS : INC	6010	Reist Rd.
VS 151-REV. 1/1/65			0 1 1 0	()			1/

	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	
BIRTH NO. M.E. CASE NO. 66	1878 CERTIFICA	TE OF DEATH	Registered No.	. 01878
T, NAME OF DECEASED	De Graff	2. DATE AND	HOUR OF DEATH	16 115p.
3. PLACE OF DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived If institu	ution: residence before admission
HOSPITAL OR oddress or location)	institution, give street	Many Can	ide city limits, waite RUR	Al and disclosion
CEDTIFIC A TE	AMENDED	Baltimore	()	dena 5200
CERTIFICATE	2-24-66	D. STREET ADDRESS (If ro	nol, give location) ar Rd, - Poi	plan Ridge.
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 1909 19	ost birthdoy) 30 M	Under 1 Yı. If Under 24 His.
IOA. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if relired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	2. CITIZEN OF WHAT, COUNTRY?
Insurance Broken	Insunance	Gettysfu	us Penn	454
James H. De	GustA	, MAIDEN HAM	Sophia Ye	eager
15. Was Deceosed Ever in U. S. Armed Forces (Yes, ng or unknown) (If yes, give war or dotes of	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes WW2	213-05-5776	Mrs. Diana De	2Graff	(Same)
18. 4 9 0 X I		PF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	R	1	1 a far	THE RESERVE OF THE PERSON OF T
(This does not meon the mode of dy heart failure, asthenia, etc. It means the	ring, e.g., DUE TO	- Lucinosia	0000	
injury or complication which coused de	eoth.)	WHUME 1	ngert	
ANTECEDENT CAUSES	DUE TO	A		
DISEASES OR CONDITIONS, if ony rise to the obove couse (A) st UNDERLYING CONDITION lost.	oling the (C)	sugard	lft hu	2 ~
_ 11	6		V	- (-
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	TRIBUTING D TO THE	rils '		
19A. DATE OF OPERATION 19B. CONDIT	TION FOR WHICH OPERATION TAMED	20A-AUTOPSY? (Yes or Not	20B. IF YES, WERE FIND	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C, WHERE DID	(If in Bollimore Cit	ty, give exact locationt
21D. TIME (Month) (Doy) (Yeort (OF INJURY (APPROX.†	Hour 21E, INJURY OCCURRED While At Not While Work At Work		RY OCCUR?	1
22. I certify that (1) (this hospital) a		2/1/19	6610	2/18 1066
that (Lawe) ast saw the deceased	slive an $2/8$	19 66 and that	in (aur) apinior	death occurred an the date
and how and from the causes stated	abave (We) (did) (did not)			, ,
23A SIGN TURE	AD M.D. AH	ending Med. Si	toff hys.	B. DATE SIGNED
23C. PAYSICIAN'S NAME (Type)	the second secon	220 100000	n Memorial	Hospital
DR. HARRY J.	BROWN M.D.			
REMOVAL (Spegify) 2/22/60	6. Glen Haven Ce		Elenburnie,	own, or county) (Stotet
25A. DATE REC'D BY HEALTH DEPT. 23	B. NAME OF REGISTRAR			Alto. Md. 21214
V\$ 150-PEV 1/1/65				

Cremation
25A. DATE REC'D BY HEALTH

V\$ 150-REV. 1/1/65

23

1965

and

Such

0711 110		BALTIMORE CITY	DEALIN DEPAKIMENT		
A.E. CASE NO.	66 018	CERTIFICA	TE OF DEATH	Registered No.	01879
NAME OF DECEA				HOUR OF DEATH	
	Lillian S.		2/21/66		M
PLACE OF DEATI	H IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whord	decoased lived. If in	stitution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(II not in hospital address as location	ar institution, give street n)	Maryland c. city or town (If outs	ide city limits, write	RURAL and give township)
2			Baltimore		
) 17	710 Park Ave			ral, give facation)	
	20 20210 2170		1710 Park Ave		
. S EX 6.	RACE	7. MARRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 H
	1 4	WIDOWED, DIVORCED (specify)	le le	ost birthday)	If Under 1 Yr. If Under 24 H Manths Days Hours Min.
Female	White	Widowed	Aug. 22, 1893	72	
	rking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
			Hungary		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
?	Kovacs			lacob	
i. Was Doceased Er 'es, no oi unknown) (1	ver in U. S. Armed For If yes, give wer or date	s of solvice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			Mr. Zsigmund J.	Toth 171/	Dowle Asso #17
18. 9 9		CAUSE O	F DEATH	10111 1/10	INTERVAL BETWEEN
00/	Accuracy au		T DEATH		ONSET AND DEATH
	OR CONDITION DIR		. pi		
	mean the made at	dving, e.g., DUE TO	erBbro voscul.	or secion	Monte
heart failure, as	sthenia, etc. It means	the disease,		3000,	
injury or compl	icalian which coused	death.)	terrosclerosis,	~ 4 - 4 - 1	
AN	NTECEDENT CAUSES	(B)	1-010321820111	7	7.6.3
	CONDITIONS, if				
	abave cause (A)	stating the (C)	MARKARO 0000 0 7000 0 000 0 000 0 000 0 000 0 000 0 000 0		# ####################################
UNDERLTING	CONDITION iasl.				
OTHER SIGNIFIC TO THE DEA	II CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING I	TED TO THE			
TO THE DEA	CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING I	T. DITTON FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	20B. IF YES, WERE I	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT OR CONTRIBUTI	CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING I OPPERATION 198. CON WAS PERF WAS UNDERLYING NG CAUSE OF	T. DITTON FOR WHICH OPERATION	n or about 21 C. WHERE DID	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH? City, give exact lacation)
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2/22/66 Green Mount Crematory Baltimore,
DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
Wm. Gook-Brooks Inc.

Cook-Brooks

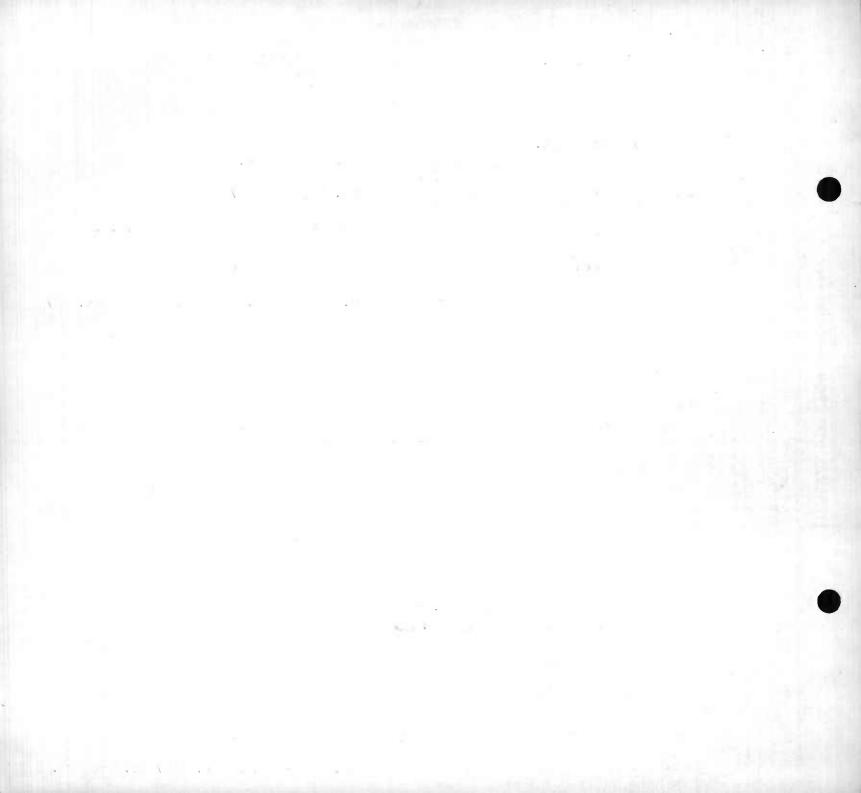
Maryland

Inc. 1217 St.

ADDRESS

Paul St.

21202





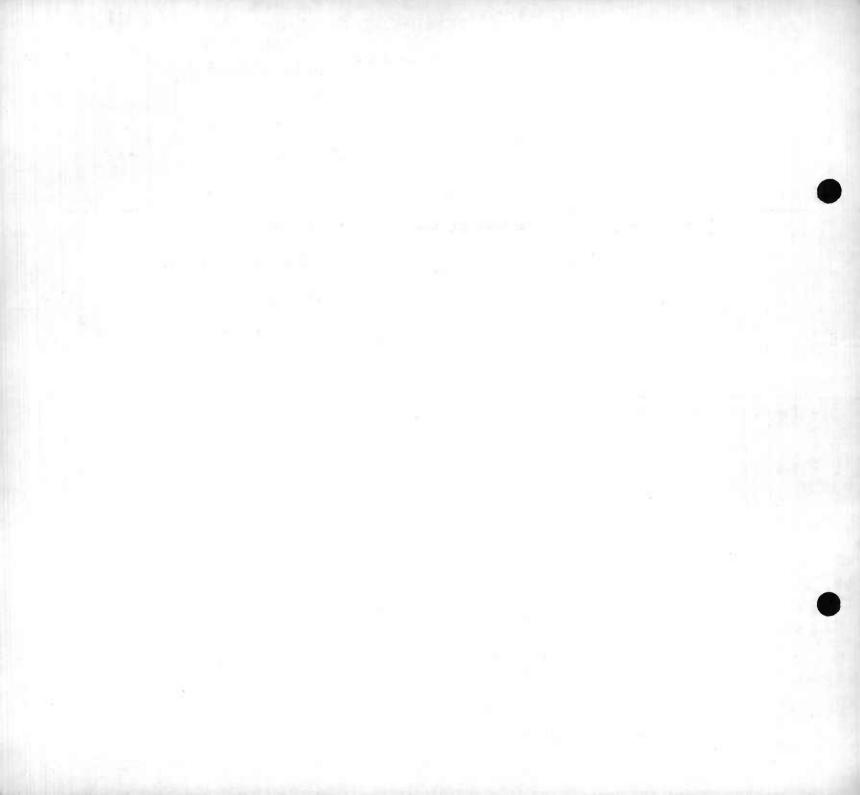
IMPORTANT

DIRECTOR:

FUNERAL

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Chester C Cullins or tom. D. Snewy 1023 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. ACCATION (City, town, or county) PURICE DAY 66 ON Laure Company Delivered Mel. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAT 25G/JUNERAL DIRECTOR! ADDITIONAL ADDITIONAL DIRECTOR!	NAME (Type)		23U. ADDRESS	,	
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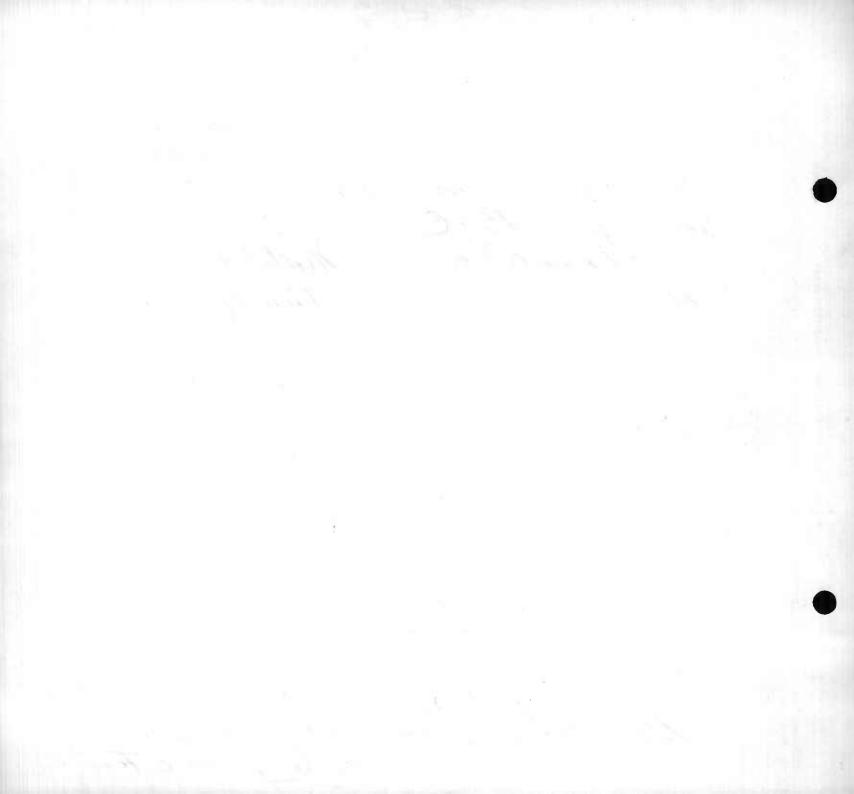




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DIRECTOR:

FUNERAL



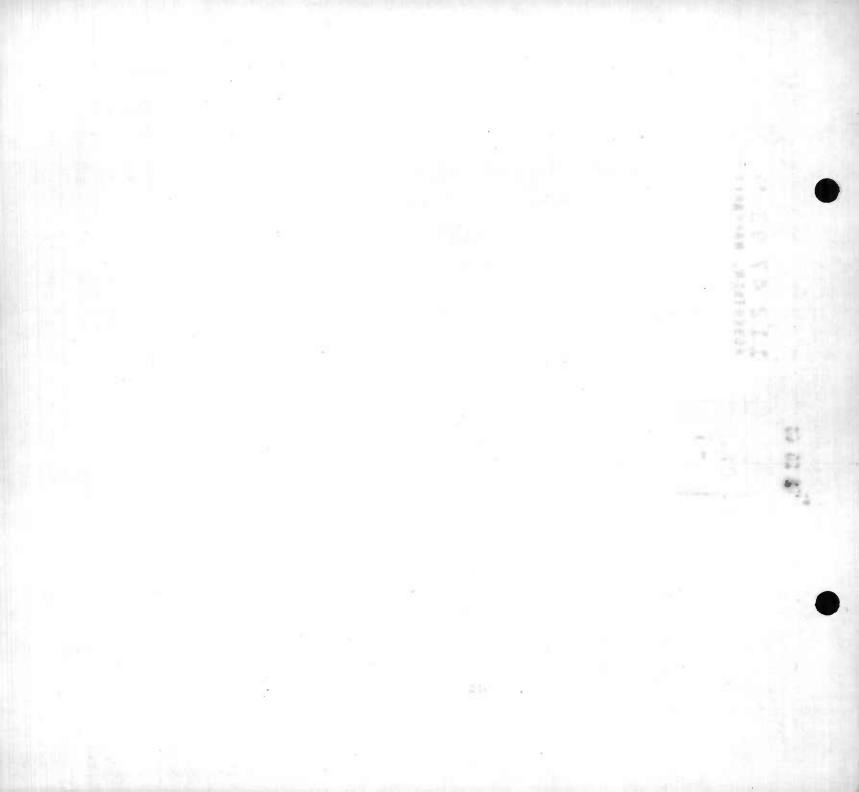
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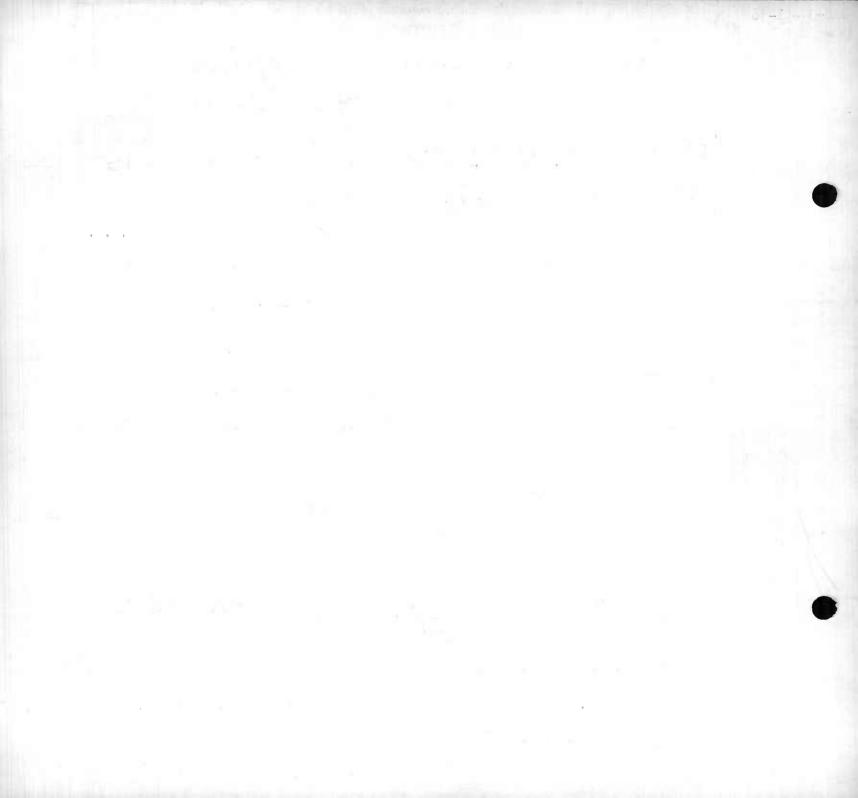
4. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) II Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 3805 Keswick Rd. Mrs. Elizabeth Smoot Baltimore, Md. 21211 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) opinion death accurred on the date deceased (City, town, or county) written Wayside, Maryland Mas 1217 St. Paul St. Cook-Brooks Inc. Baltimore, Md. 21202 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

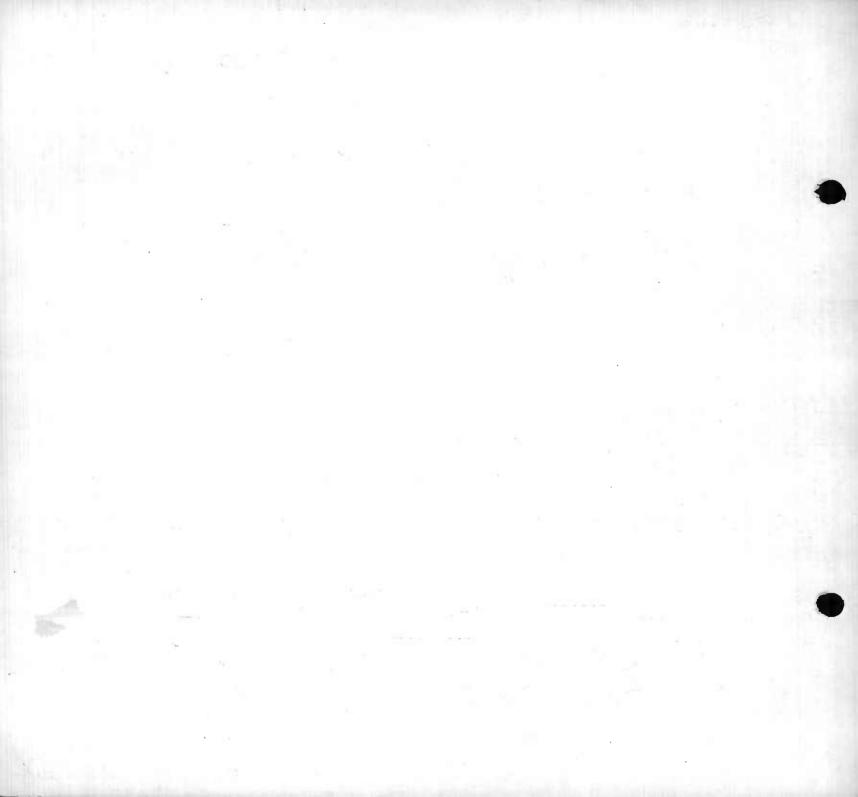
M.H.

BALTIMORE CITY HEALTH DEPARTMENT



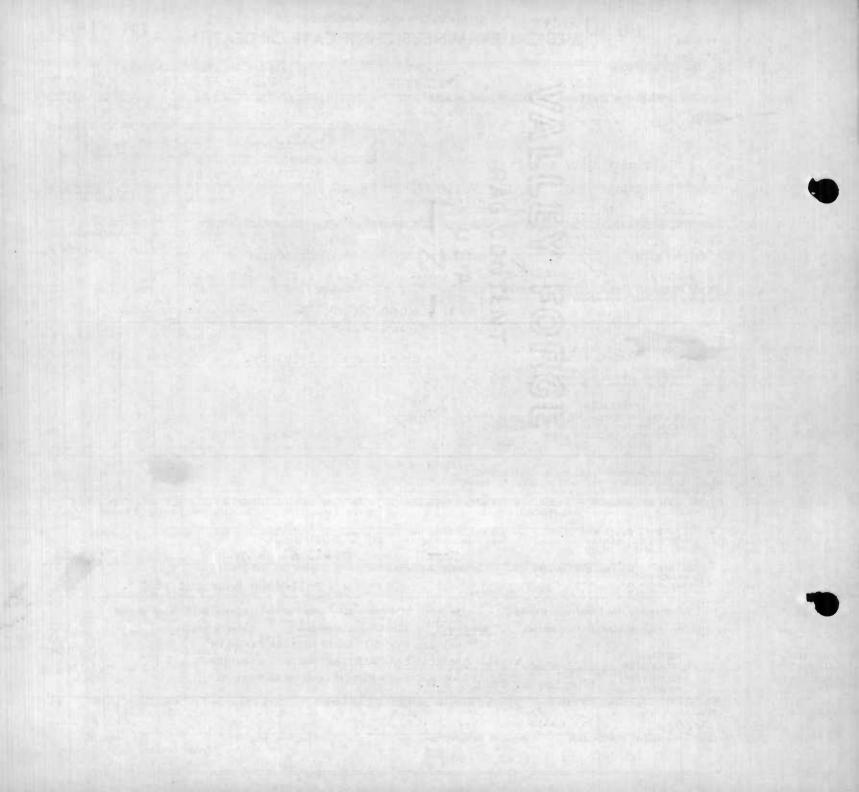


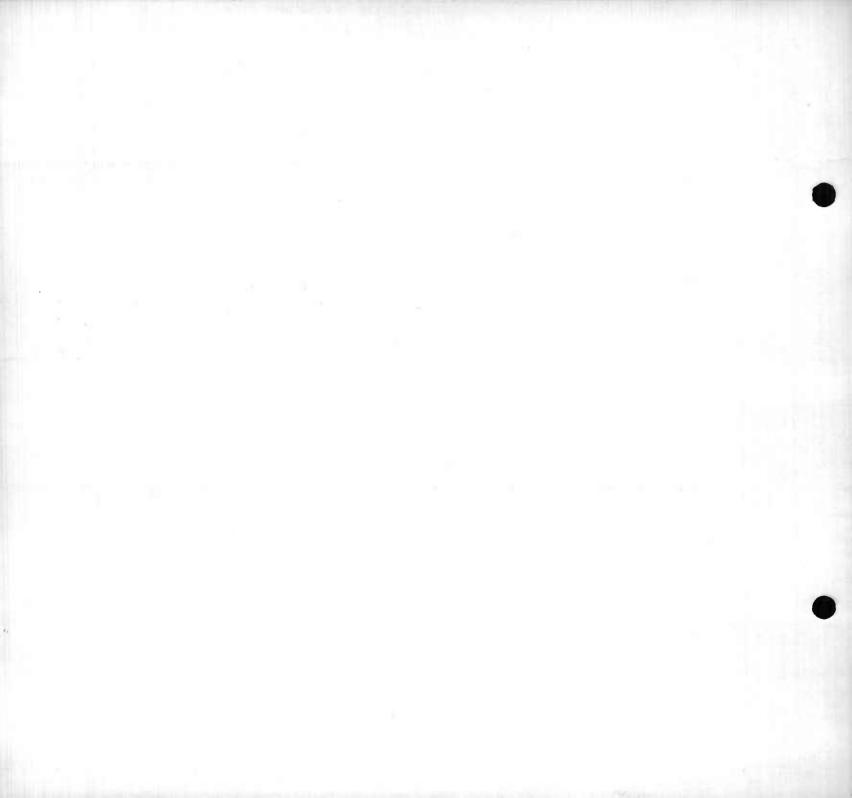
BIRTH N	66 01888		HEALTH DEPARTMENT	Registered Not	6 01888
M.E. CA	ASE NO.	CERTIFICA	TE OF DEATH		
(Type or	Print RUSSELL Z	UCHOWSK	/ FEB	D HOUR OF DEATH	6 12 05
3. PLAC	CE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	TY	nstitution: residence before odmis
FULL	NAME OF (If not in hospital or institution, oddress or location)	give street	MARYLAND	BALTIA	
INSTIT	TUTION		BALTIMU	1 1	RURAL and give township) RAL 5370
5 W	OHNS HOPKINS HOS	PITAL		urol, give location)	
	JAVO HOLLES !!		5535	LANHAM	WAY
S EX		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
DA LISH	UAL OCCUPATION (Give kind of work 108, KIND O	F RUSINESS OR INDUSTRY	11 RIPTHPLACE (State or foreign		12. CITIZEN OF
	ing most of working life, even if retired)	, 505111233 0 1 11 10 0 3 1 11	2 11	= 1	WHAT COUNTRY?
3. FATH	HER'S NAME		14. MOTHER'S MAIDEN NAM	Ind,	- 03/1
D	ICHARD ZUCHOWSK		MARLENE	EBE	201
15. Was	Deceosed Ever in U. S. Armed Forces? (Or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
(103, 110 0	or unknown, it yes, give wor or boles of service.	SECURITY NO.	JOHN C	ROWSE	MD.
18.	193,41	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	-	-0	= 1 0 10 1	ONSET AND DEATH
(Thi	LEADING TO DEATH	(A)	ERMINAL N	FU12013(1	4STOMA /X
hea	is daes nat mean the made of dying, e.g., art failure, asthenia, etc. It means the disease.	, DUE 10			
Inju	ory or complication which caused death.)	(8)			
DIS	ANTECEDENT CAUSES	DUE TO	NA TPTTYON O BEOCK OF COMMENT OF		
rise	SEASES OR CONDITIONS, if any, giving to la the above cause (A) stating the				
UNI	IDERLYING CONDITION Iosi.				
Z OTH	HER SIGNIFICANT CONDITIONS CONTRIBUTION	G			
ATA DIS	THE DEATH BUT NOT RELATED TO THE	SE/Z	URES		
U 19A.	DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFIC 19A.	ACCIDENT WAS UNDERLYING 218	B. PLACE OF INITION	n or obout 21 C. WHERE DID		re City, give exact location)
00	CONTRIBUTING CAUSE OF home	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?	an in sommer	
O 21 D.		INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	4 15 2 5 1
S OF I	INJURY	hile At Not While	•		
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	t (1) (we) last saw the deceased alive an	0 10	66	/	inlan death accurred an the
	I haur and from the causes stated above. (ii iii (my) (<u>our) a</u> pi	man death accurred an the
1 1	SIGNATURE	., (ne) (aid) (aid not) V	ion the oddy diter dedin.	1	238. DATE, SIGNED
	John Clywie	M.D. Atte		Stoff Phy s.	2/19/16
23C.	PHYSICIAN'S NAME (Type)		23D. ADDRESS	7 Hy 30 LEJ	()())
	NAME (TYDE) OAN C. ROW.	SE M.D.	JOHNS HO	IPKINS +	JOSPITAL
24A. BUI	IRIAL CREMATION, 248. DATE 24C. N	AME of CEMETERY OF CRI	EMATORY 24D. LC	CATION (C	ity, town, or countyl (St
SKEN 7	MOVAL (Specify)	marin 9	Mans. L	Buch	The S.
25A. DA	ATE REC'D BY HEALTH DEPT. 258 NAME	OF REGISTRAR	25C FUNERAL DIRECTOR	1	ADDRESS Jali
F	EB 23 1966 Q 2 1 8 J	2 Ser HA	Conneller	Jons 3001	Mace ary (Jali
S 150-F	REV- 1/1/65				



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TE	OF DEAT	H Registere	d No.	111	5003

BIRT	H NO. 66 MEDICAL I	EXAMINER'S C	ERTIFICATE OF	DEATH Register	-d66 01889
M.E	CASE NO.				
1. N (Typ	AME OF DECEASED or Print) HELEN	McALPINE		ary 18, 1966	
3. P	ACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: rosidence before odmission Baltimore
HO:	L NAME OF (IF NOT IN HOSPITAL OR INST PITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside		
	Baltimore City Hospital	ls	D. STREET ADDRESS (If rurol,	Rural	33-00
			815 Glass		
5. S		D, DIVORCED (specify)	5/29/21	9. AGE (In years lost birthday) 44	Months, Doys Hours Min
	USUAL OCCUPATION (Give kind of work 10B. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
3. [ATHER'S NAME	+ 1	14. MOTHER'S MAIDEN NAME) .00	11.5.4.
5. 8	James M. Calne	116. SOCIAL	Unnie So	Fuell	ADDRESS
	no or unknown) (If yes, give wer or dates of service	317-14-4250	Mr. James	me a	Upine
	8. F 900, P	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Crani	ocerebral Injury		
	(This does not meen the mode of dying, e. heart failure, asthenia, etc. It means the discosinjury or complication which coused dooth.)	(A) OTATI	ocerebrar Injury	•	
	ANTECENDENT CAUSES				
	DISEASES OR CONDITIONS, IF ANY, GIVINING THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
N		(C)	***************************************		
FICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
CERTIFI	9A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	
O	ZIA. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB-	B. PLACE OF INJURY (o.g.,	in or obout 21C, WHERE DID () office bldg., INJURY OCCUR?	If in Boltimore City, giv	e exact location)
~	UTING CAUSE OF DEATH.	Home	815 Glass		3-00
	OF INJURY			basement st	teps.
	22. I certify that I held on Inquiry 🗌			s bosis, deoth In my	y opinion
	resulted from: Notural couses	Accident X Suicid		Indetermined monner	
	ACTUAL Charles .	1 feet 40	CHIEF MEDICAL EX		DATE SIGNED
	EXAMINER'S NAME (Type) Charles S. P		ASSOCIATE MEDICAL EX		2/19/66
	BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	CREMATORY 23D. LO	OCATION (City,	town, or county) (State)
1	urial 2/22/66	Cardaws	1000	eto. Co,	Ma.
	DATE REC'D BY HEALTH DEPT. 1248, NAA		D.O. HILLIAM		The state of the s
24A	FFR 93 1986 A C F- S	AE OF REGISTRAR	24C. FUNERAL DIRECTOR	no 300 M.	ace Chy,

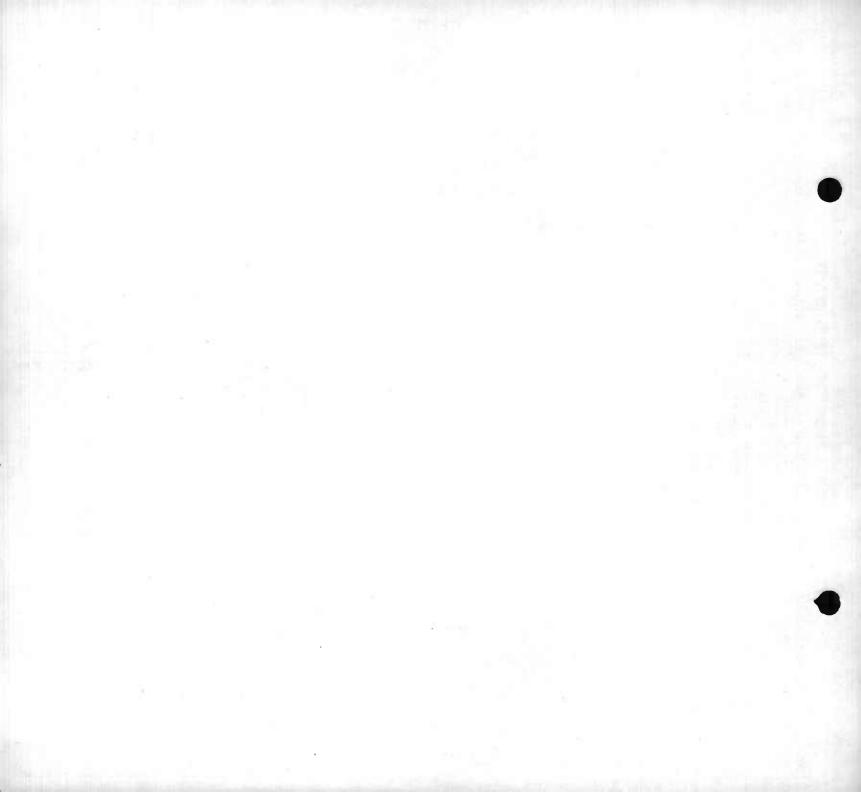




VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTA CERTIFICATE OF DEA BIRTH NO. Such and rect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED (Type or Print) attendance on a hospital death. 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDEN FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) 9 prior final disposition is made. in regular MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) 5. SEX deceased OFFICE MAINAG 14. MOTHER'S MAIL 0 6-E death attendance on 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown) (If yes, give wor or dates of service) cind; SECURITY NO. fracture of any pronounced 0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the made of dying, emba heart foilure, osthenio, etc. It meons the diseose, regular injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the physician UNDERLYING CONDITION last. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. physician 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? () 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHER homo, lorm, foctory, street, office bldg., INJURY OC where °N hospital MEDICAL DEATH (notily medical examiner) any nature; 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW 9 (except Not While While At (APPROX.) Work At Work and 22. I certify that (I) (this lateral) attended the deceased from death); that (1) (we) last saw the deceased alive an hospital and haur and from the causes stated above. (1) (##) (##) (did nat) view the bady after must 23A. SIGNATUR Attending | deceased prior to approva at a 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) was D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) DATE written C 8/19 25C. FUNERAL DIRECTOR

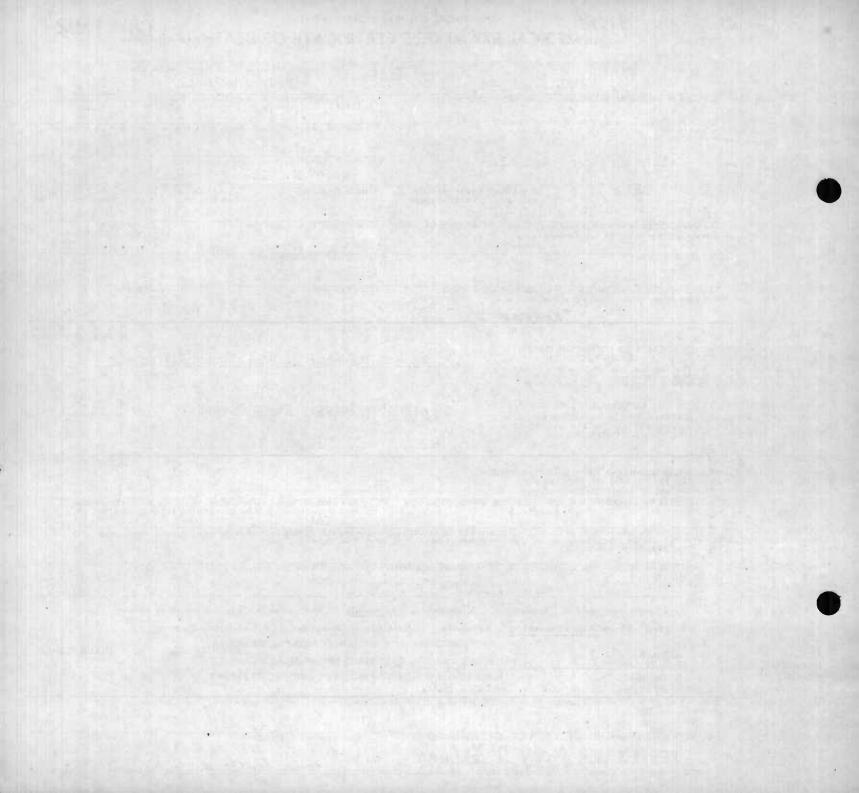
AENT
TH Registered No. 66 () 1891
Ec6. 18, 1966 8 AM M.
CE (Where decessed lived. If institution: residence before admission) B. COUNTY
(If outside city limits, write RURAL and give township)
RIEANS ST.
9. AGE (In years leaves If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
te or foreign country) 12. CITIZEN OF WHAT COUNTRY?
DEN NAME
Serb GOEller ADDRESS
EREMAN 2811 ORIEDAS ST. INTERVAL BETWEEN
ocardial Aneuryan vistant Thrombosis 20 months.
erotic heart tisene 2 years.
es of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E DID (If in Boltimore City, give exect locotion)
DID INJURY OCCUR?
1964 to 2/18 1966,
and that in(my) (aur) opinian death occurred an the date
death.
or Stoff 2/18/1966
Aprel Road Baltrusce 21234
BA FO Mode (Stole)



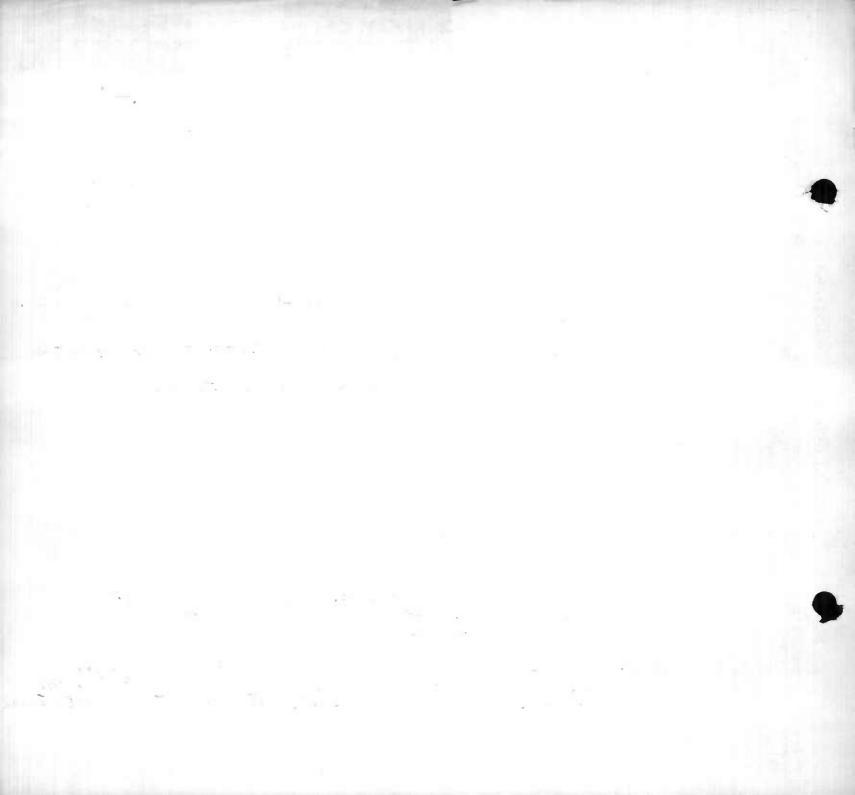
VS 151-REV. 1/1/65

66 01892 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MEDICAL	EXAMINER'S CI	ERTIFICAT	E OF DEATH Registe	red No.
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print) CHARLES	DE PASQUALE	LE	February 18, 196	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If insti	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Mar	yland VN (If autside carparate limits, write	
INSTITUTION .		Bal.	timore	7-01
Baltimore City Hospital	.S		N. Ellwood Avenue	
	IED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs.
Male White MA	RRIED	SEPT. 2		Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIN) dane during most of working life, even if retired)		1		12. CITIZEN OF WHAT COUNTRY?
BRICKLAYER BLDG	•	BALTO.		V.S.A.
ANGELO DE PASQUALE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SO CIAL	ANNA AC	INGLLO	ADDRESS
Yes, na ar unknown) (If yes, give war or dates of servi			DIFE DE DACHIAI	
W.W. II-KOREAN	, 210-24-0320	TIND CHE	ARLES DE PASQUAI	LE 609 N ELOOD
1B. 420111	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH (This does not mean the made of dying)	DIE TO	Thrombus	of Right Coronary	Artery
heart failure, asthenia, etc. It means the disectiniury ar camplication which caused death.)	se,			
ANTECENIDENT CALLERS				
DISEASES OR CONDITIONS, IF ANY, GIVI	IB) Arteri DUE TO	oscleroti	c Heart Disease.	
RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	HE			
	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIB				
DISEASE OR CONDITION CAUSING IT.				
OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	Yes	Page 1 (19) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	
O UNDERLYING OR CONTRIB-	PLACE OF INJURY (e.g., in ame, farm, factory, street, of etc.)	in or about 21C. W	HERE DID IIf in Baltimare City, giv	
Z 21D TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HC	OW DID INJURY OCCUR?	
OF INJURY (APPROX.)	MHILE AT NOT WORK	WHILE		
22. I certify that I held an Inquiry			that on this basis, death in m	av opinion
resulted from: Notural couses X	Accident Suicide			
TOTAL COORDER	Accident Solicide		EDICAL EXAMINER	
ACTUAL (1)	15		EDICAL EXAMINER X	DATE SIGNED
SIGNATURE CALLE	M. D.			2/18/66
EXAMINER'S NAME (Type) Charles S. I	etty, M.D.	ASSOCIATE M	EDICAL EXAMINER	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY o	CREMATORY	23D. LOCATION ICity,	tawn, ar county) (State)
BURIAL FEB. T8th	T966 HOLV REI	כות: והקוי	BATTO MA	
	ME OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
FEB 23 1986 @ QL &	1. Stocked Brooks	I.	1 1) 0 1	



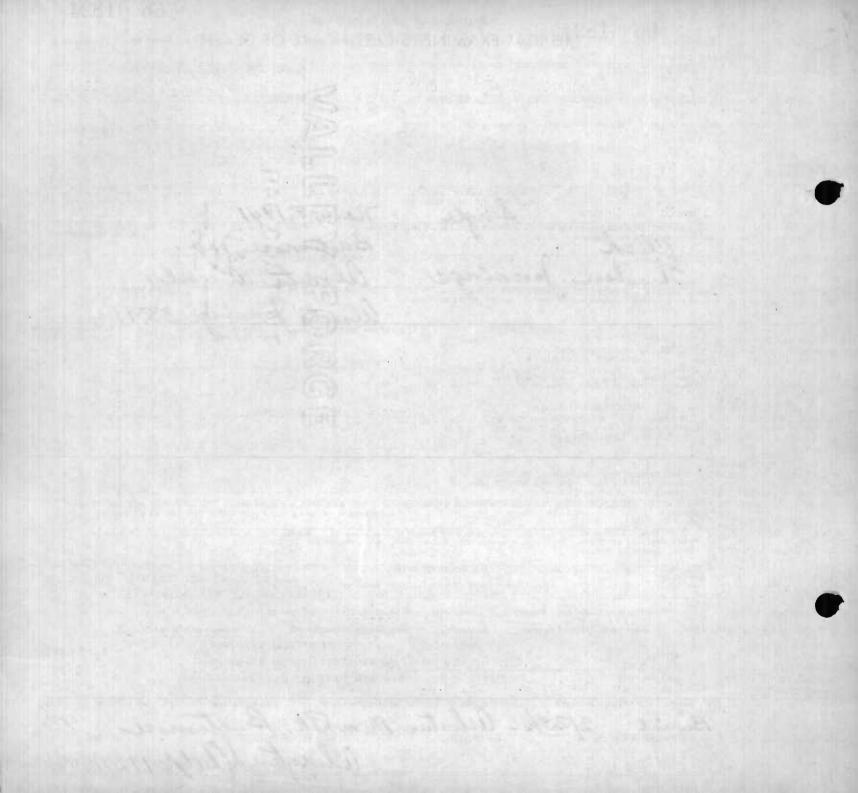
1, NAME OF DICEASED. 1, NAME OF CONTRIBUTION 1, NA	INAME OF DECASED. IT AMONE OF DEATH IN BALTIMORE MARILAND IT HAD THAT IN THE SIDE OF DEATH IN BALTIMORE MARILAND IT HAD THAT IN THE SIDE OF DEATH IN BALTIMORE MARILAND IT HAD THAT IN THAT IN THE SIDE OF DEATH IN BALTIMORE MARILAND IT HAD IN THE SIDE OF DEATH IN BALTIMORE MARILAND IT HAD IN THAT	2.0	irth NO. ALE CASE NO. GERTIFIC	CATE OF DEATH Registered No. 1893
4940 Eastern Avenue, Baltimore, Maryland 5. SEX 6. RACE Maryland Months Maryland Months Maryland Months M	4940 Eastern Avenue, Baltimore, Maryland 10. STREET ADDRESS (If rurol, give location) 4940 Eastern Avenue, Baltimore, Maryland 10. STREET ADDRESS (If rurol, give location) 10. USUAL OCCUPATION (Give kind of work) los. RND OF BUSINESS OR INDUSTRY 11. BIRTHPLACT (Stote or foreign country) 10. USUAL OCCUPATION (Give kind of work) los. RND OF BUSINESS OR INDUSTRY 11. BIRTHPLACT (Stote or foreign country) 11. MOTHERS MADEN NAME 12. MOTHERS MAIDEN NAME 13. FATHERS NAME 14. MOTHERS MAIDEN NAME 15. Wos Decessed Ever in U. S. Ammed Forest 16. SOCIAL 17. INFORMANT 18. WOS Decessed Ever in U. S. Ammed Forest 19. Wos Decessed Ever in U. S. Ammed Forest 19. Wos Decessed Ever in U. S. Ammed Forest 10. SOCIAL 11. MOTHERS MAIDEN NAME 12. MOTHERS MAIDEN NAME 18. WOS Decessed Ever in U. S. Ammed Forest 19. Wos Decessed Ever in U. S. Ammed Forest 19. Wos Decessed Ever in U. S. Ammed Forest 10. SOCIAL 11. MOTHERS MAIDEN NAME 12. MOTHERS MAIDEN NAME 18. WOS Decessed Ever in U. S. Ammed Forest 19. Wos Decessed Ever in U. S. Ammed Forest 10. SOCIAL 11. MOTHERS MAIDEN NAME 12. MOTHERS MAIDEN NAME 12. MOTHERS MAIDEN NAME 13. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 15. WOS Decessed Ever in U. S. Ammed Forest 16. SOCIAL 17. INFORMANT 18. WOS Decessed Ever in U. S. Ammed Forest 19. Wos Decessed Ever in U. S. Ammed Forest 19. Wos Decessed Ever in U. S. Ammed Forest 10. SOCIAL 11. MINING WORLD 12. MOTHERS MAIDEN NAME 12. MOTHERS MAIDEN NAME 13. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 15. WOS Decessed Ever in U. S. Ammed Forest 16. SOCIAL 17. MOTHERS MAIDEN NAME 18. MOTHERS MAIDEN NAME 19. A ACCIONATION OF THE DECESSOR OF THE MOTHERS NAME 19. AMMED NAME OF THE MOTHER	death. Su	FULL NAME OF HOSPITAL OR INSTITUTION	Jeb 19 1966 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state of the sta
13. AUSUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 13. FATHERS NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Even in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliuse, ashinnia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stelling the UNDERLYING CONDITION lost. 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELIATED TO THE UNDERLYING CONDITION lost. 11. INFORMANT CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart foliuse, ashinnia, etc. II means the disease, injury or complication which caused death.) (B) DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stelling the UNDERLYING CONDITION lost. 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELIATED TO THE DEATH BUT NOT BELIATED TO THE OTHER CONDITION CAUSE OF DEATH? 20. AUTOPSY? (Tes or No.) 208, IF YES, WERE FINDINGS CONSIDERED NO. (If in Boltamore City, give exact location) home, form, foctory, street, office bidgs, involved the course of the course	13. AUSUAL OCCUPATION (Give sind of work) DB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Caryla 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WOS Deceased Ever in U. S. Armed Forces 2 (Feshior or unknown) (II) yes, give wor or doles of service) 16. SOCIAL NO. 17. INFORMANT PECOTES: BCH-4940 Eastern Avenue, Baltimore, Moset and Death DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthonic, etc. It means the diseases, injury or camplication which coused death,) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the chove cause (A) stoling the UNDERLYING CONDITION SI, if any giving rise to the chove cause (A) stoling the UNDERLYING CONDITION SOLON IT. OTHER SIGNIFICANT CONDITION SOLON	7 9	4940 Eastern Avenue, Baltimore, Marylan	D. STREET ADDRESS (If rurol, give locotion)
15. Word Decested Fiver in U. S. Amad Forces? 16. SOCIAL 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. 18. 19.	15. Wes Deceased Ever in U. S. Armod Forces? 16. SOCIAL 17. INFORMANT ADDRESS 1224 SECURITY NO. 17. INFORMANT ADDRESS 18. 1	S S S	MIDOWED, DIVORCED (specify Man, e. l. OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	12-6 1902 Iost birthdoy Months Doys Hours Min.
The Cords: BCH-4940 Eastern Avenue, Baltimore, Most and Death Disease or Condition Directly Leading to Death (This does not mean the mode of dying, e.g., head foliute, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION ACUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING AUSE OF DEATH (Month) (Doy) (Yeor) (Hour) 21E. INJURY (e.g., in or obout 21C. WHERE DID Mome, form, foctory, street, office bidg., INJURY OCCUR? DEATH (noify medical examiner) While Al Not While Al Work.	Records:BCH-4940 Eastern Avenue, Baltimore, Mi Records:BCH-4940 Eastern Avenue, Baltimore, Minusern Avenue, Baltimore, Minuse		Jurner, Henry	Decre // ///am
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CANCELLAND MICROSTATIC TO LINEY 4 MONTHS (A) CANCELLAND MICROSTATIC TO LINEY 4 MONTHS (B) Primary S.T. undestrumed DISEASE OR CONDITIONS, if any, giving rise to the double cause (A) stoling the UNDERLYING CONDITION FOR WHICH OPERATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 10AUSING IT. 21A. ACCIDENT WAS UNDERLYING 10AUSING IT. 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 10AUSING IT. 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CONTRIBUTING 10C.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCUR? (A) CANCELLAND MICROSTATIC TO LINEY 4 MONTHS (A) CANCELLAND MICROSTATIC TO LINEY 4 MONTHS (B) Primary S.T. undestrumed 4 MONTHS (B) Primary S.T. undestrumed 10 LINEY 4 MONTHS (B) Primary S.T. undestrumed 10	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Solid for the DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT. OTHER SIGNIFICANT CONDITION ACUSING IT. OTHER SIGNIFICANT CONDITION ACUSING IT. OTHER SIGNIFICANT CONDITION ACUSING IT. ON CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED WAS PERFORMED POR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID DEATH (notify medical examiner) OF CONTRIBUTING CAUSE OF DEATH? 21D. TIME (Month) (Doy) (Year) (Hour) While At Work. 22L. I certify that (I) (this hospital) attended the deceased from The Work of The Work. 22L. I certify that (I) (this hospital) attended the deceased from The Work. 22L. I certify that (I) (this hospital) attended the deceased from The Work.	deat nce o	(es, no or unknown) (If yos, give wor or dotos of service) SECURITY NO.	Records: BCH-4940 Eastern Avenue, Baltimore, Md
WAS PERFORMED WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Work. Not While At Work.	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?	are emb	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the (C)	Primary site undetermined
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OD DEATH (notify medical examiner) OF INJURY (APPROX.) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? OF DEATH (notify medical examiner) OF INJURY (APPROX.) ON CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? OF INJURY (APPROX.) ON CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? OF INJURY (APPROX.) ON CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? OTHER CAUSE OF HOME AND CAUSE OF HOME	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OD DEATH (notify medical examiner) OF INJURY (APPROX.) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Nome, form, foctory, street, office bldg., INJURY OCCUR? OT DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR? While AI Not While Work Not While AI Work. 22. I certify that (I) (this hospital) attended the deceased fram	E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Work At Work.	22. I certify that (I) (this hospital) attended the deceased from = 1/3/4 1/13/ 1966 to 2//9/66 19	the rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	2/18/10		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (home, form, foctory, street, otc.)	
M.D. Alteriolog Med. Sign La			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work 22. I certify that (I) (this hospital) attended the deceased framthat (I) (we) last saw the deceased alive an	21F. HOW DID INJURY OCCUR? While Work. 19 and that in(my) (ear) apinian death accurred an the day view the bady after death.
23A. SIGNATURE A. M.D. Attending Med. Director Phys. Z 19/66 23C. PHYSICIAN'S NAME (Typo) R L. Marchs M.D. Balt. C.Ty Hosp, Ta 4940 Easier	R L. marche M.D. Balt. City Hospital 4940 Easier		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (home, form, foctory, street) OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED Work Not Work Not Work Not Work Work A1 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an 19/6. and haur and fram the causes stated abave. (I) (We) (did) (did attended to the deceased fram Not 23A. SIGNATURE M.D. 23C. PHYSICIAN'S NAME (Typo) R. L. Marchs	e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) et, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? White Work. 19 and that in(my) (corr) apinian death accurred an the correction of the death. Attending Med. Stoff Phys. 23D. ADDRESS 23D. ADDRESS 3ait.more Md Corr. HOSP, Ta 4940 Fasie.
23C. PHYSICIAN'S NAME (Typo) R L. Marchs M.D. Balt. C.Ty Hospital 4940 Easie	23C. PHYSICIAN'S NAME (Typo) R L. Marchs M.D. Balt. C.Ty Hospital 4940 Easie 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 24D. LOCATION (City, town, of county) (Stot) B u lal all 225A. Date Rec'd by Health Dept. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	nospital (except where the physican woodeath); and (6) No physician wo must be obtained before the rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and hour and from the causes stated abave. (I) (We) (did) (did a 23A. SIGNATURE A. BURIAL CREMATION, REMOVAL (Specily) A. BURIAL CREMATION, REMOVAL (Specily) A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	e.g., in or about 21C. WHERE DID et, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While work. 19 and that in(my) (con) apinian death accurred an the steem of the phys. 23B. DATE SIGNED Attending Med. Director Phys. 23B. DATE SIGNED 23D. ADDRESS M.D. Balt. C.T. Hosp. Tal 4940 Easier of CREMATORY 24D. LOCATION (City, town, or county) (State of the physical County) 24D. LOCATION (City, town, or county) (State of the physical County)



	06	1004		BALTIMORE CITY HE	ALTH DEPARTME	NT X	66 01894
BIR	TH NO.	MED	ICAL E	XAMINER'S	CERTIFICA	TE OF DEATH Regist	tered Na.
M.	E CASE NO.						
1. (Ťv	NAME OF DECEASED					2. DATE AND HOUR PRONOUN	
		PHYLL		JENNIN		February 20, 19	
3.	PLACE IN BALTIMORE	MARYLAND,	WHERE PRONG	DUNCED DEAD	4. USUAL RESII	DENCE (Where deceased lived. If in B. CC	stitution: residence before admission
FU	LL NAME OF (IF	NOT IN HOSPI	TAL OR INSTI	TUTION, GIVE STREET	Nev	v York	
HC IN:	SPITAL OR AD	DRESS OR LOC	ATION)		C. CITT OR TO	WN (If outside corporate limits, wri	ite KUKAL and give township)
1						York City	V
0	Lutheran	Hospita	1			ORESS (If rurol, give location)	
5.	EX 6. RAC	E	7 44 4 00151	D NEVER MARRIED	B. DATE OF BIR	E. 45th Street	11/11/20 1 V. 1/11/20 20 H
_				D, NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIK	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
L		egro	De	ngle	Mau.	8,1941 24	
	e during most of Working 1			OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Clerk				Ball	mare, Tho.	
13.	FATHER'S NAME		1	" 1011	14. MOTHER'S A	MAIDEN NAME	
12.0	Thead	ere	mn	coups	Win	reta Dune	ap
	was DECEASED EVER			SECURITY NO.	17. INFORMANT	. 0	ADDRESS
					Ulmet	Jennings) :	3331 Burleitt
	1B.	24		CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR	CONDITION D	DIRECTLY				ONSEL AND DEATH
		ING TO DEAT	н •	(A)Air	Embolism.	,	
	heart foilure, osthen	o, etc. It meor	is the disease	DUE TO	200		
	DISEASES OR CO	NDENT CAUS		(B) Ins	trumental.	Abortion.	
	RISE TO THE ABOV	/E CAUSE (A)	STATING THE	DUE TO			
z	UNDERLYING CO	NUITION LAST	•	(C)			
9		11					
CATION	OTHER SIGNIFICAN						
T	DISEASE OR CONI						
CERT	19A. DATE OF OPERA		NDITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No.) 208, IF YES, WERE FIN CERTIFYING CAL	
X	21 A. EXTERNAL CAUS		218	B. PLACE OF INJURY (e.	g., in or obout 21C.	WHERE DID (If in Boltimore City,	give exact location)
EDIC	UTING CAUSE OF	DEATH.	etc.	Unknown	, omce biog., INJUR	Unknown	
X	21 D TIME (Mont	n) (Doy) (Ye	or) (Hour)	21E. INJURY OCCURRE	D 21F. H	OW DID INJURY OCCUR?	
	OF INJURY (APPROX.) 2		66	WHILE AT THE NO	Int	roduction of air i	
	22.	1.7	m.	WORK L AT	work Aldur	ing instrumental a	nbortion.
		it I held an	Inquiry	Inspection	Autapsy X on	d that on this basis, death In	my opinian
	resulted fra	m: Natural c	ouses	Accident D Suic	ide Hamic	ide Undetermined man	ner 🗴
			/	1/	CHIEF	MEDICAL EXAMINER	DATE CICHED
	ACTUAL SIGNATURE_	(0)	ailes !	lasty M	D. ASSISTANT M	MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	CI I	- 0 7	0		MEDICAL EXAMINER	2/21/66
	NAME (Type)		s S. Pe	tty, M.D.			
	BURIAL CREMATION	1, 238 DATE	,	23C. NAME OF CEMETER	Y or CREMATORY	23D. LOCATION (Cit	y, town, or county) (Stote)
	Burial	2./2	5/66	(Wheetus)	Mone (7	h Baltin	my.

24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR FEB 23 1965 (2 4). VS 151-REV. 1/1/65

24C. FUNERAL DIRECTOR ADDRESS



66 (11895)

BIRTH NO.

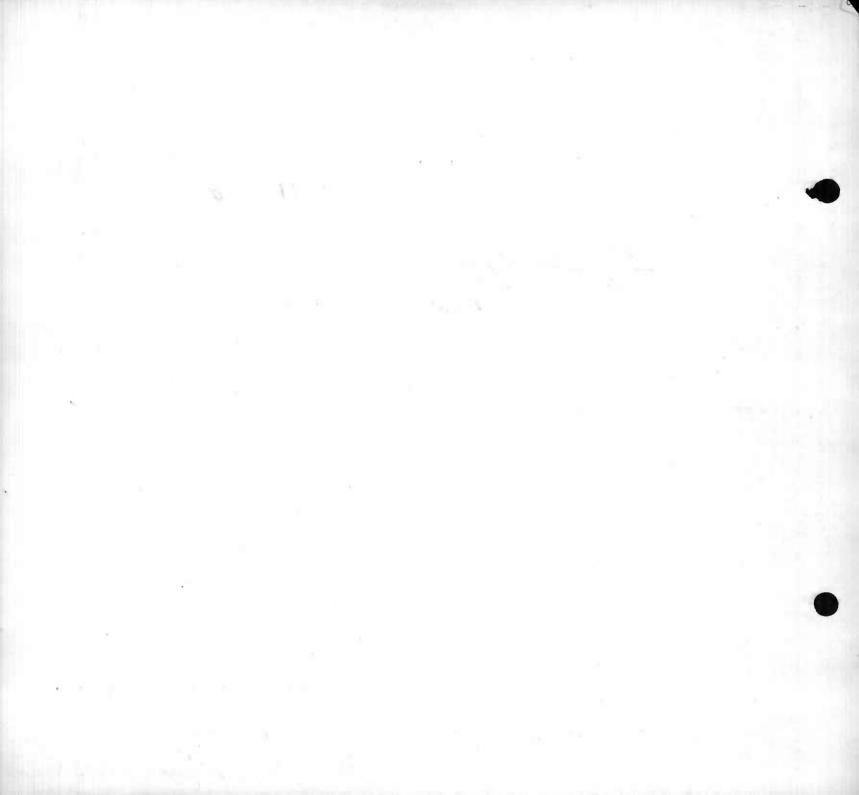
M.E. CASE NO. I. NAME OF DECEASED

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 66 01895

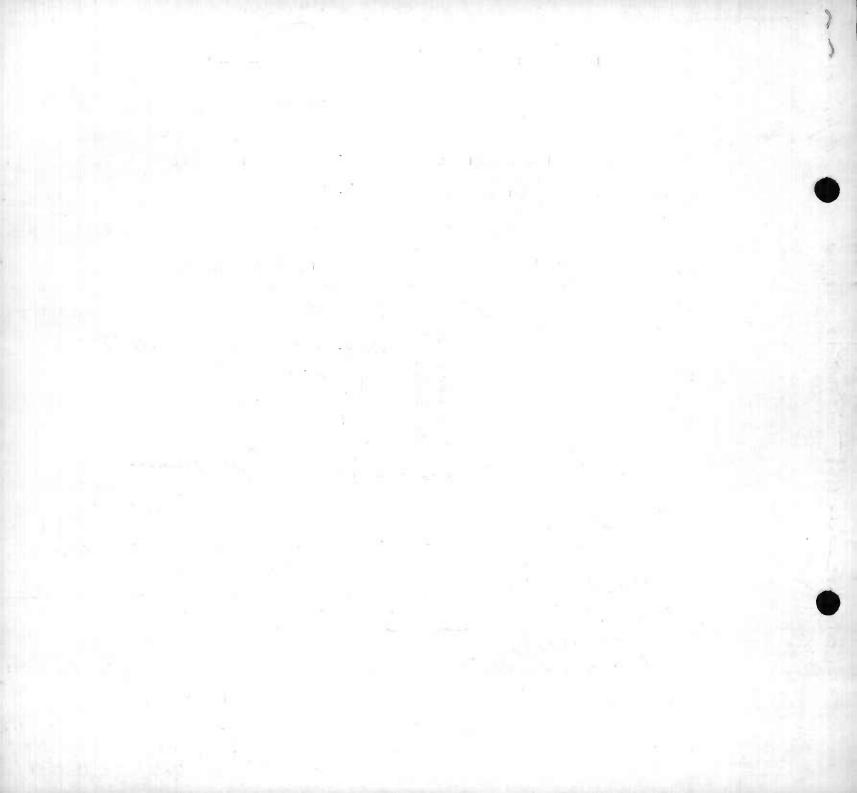


		BALTIMORE CITY	HEALTH DEPARTMENT		1 2 1 100
BIRTH NO.	VO(1)	CERTIFICA	TE OF DEATH	Registered Na.	(R 11896
M.E. CASE NO. 1. NAME OF DECEASED	396		2. DATE	AND HOUR OF DEATH	
(Type or Print) STANSBURY.	RACHE	L.		.66. 7715P	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		14. USUAL RESIDENCE (W	here decoased lived. If i	nstitution: residence before admission)
			A. STATE B. COL		15-11
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location		ve street		LAND	RURAL and give township)
JUTHERAN HOSPITAL	DE 11	GILL LYON	BALTIMO		KOKAL one give township!
QUTHERAN HOSPITAL	- CT JVI	AK IZANICI		of rural, give location)	
730 - ASHBURTON	STREET	BALTIMOR	III A	4012 MAINE	AVE.
5. SEX 6. RACE	WIDOWED.	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
+ WHITE	W	IDOWED	5-22-78.	87	
10A, USUAL OCCUPATION (Give kind of war	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
done during most of working life, even if retired) HOUSEWIFE			MD		WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AAAF	03.7
?				7	
5. Was Deceased Ever in U. S. Armed Fo	reos?	6. SOCIAL	17. INFORMANT	- 1	ADDRESS
(Yes, no or unknown) (If yes, give wor or dol	es of service)	SECURITY NO.	DEL MA ELLES		
NO			DELMAFILES	3131 TI	
18. 493 XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI			PNEUMONIA		
(This does not mean the made of		(A) DUE TO	INFUNIONIA	† ·	
heart failure, asthenia, etc. It means	the disease,	DOE TO			
injury at camplication which caused	d death.)				
ANTECEDENT CAUSES	S	DUE TO			
DISEASES OR CONDITIONS, if					
rise Ia Ihe abave cause (A) UNDERLYING CONDITION Iasi.	slaling the	(C)	**************************************		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Z OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			1 10 110	
OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE	Artarioscher	tic andjovance	lar-Rendlly	eare
	IDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONWAS PER	FORMED		Na	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. F	LACE OF INJURY (0.0.	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home,	, form, foctory, street, o	fice bldg., INJURY OCCUR?		
U					
OF INJURY (Month) (Doy) (Yoor)		NJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
(APPROX.)	While	Not While	° 🗆		
22. I certify that (1) (this haspita	1) attended the	deceased from	a · 10 ·	19 6.0 to 2	20 . 1966 .
that (1) (we) last saw the deceas		2-20			**************************************
					Inlan death accurred on the date
and haur and from the causes sta	ted apave (1)	(We) (did) (did not) v	iew the body after death	1.	
23A. SIGNATURE	1	A			23B DATE SIGNED
Jans 24	Jehn	Phy	ending Med. Director	Stoff Phy s.	220.66.
23C. PHYSICIAN'S NAME (Type)) AUIZA	MEHMO	ND.	23D. ADDRESS	0-1.1 8-05	ET BALTIMORE.
LAUILA .	NO SIJOIC	M.D.	730 - ASHBUI	LION DIRE	AIN.
24A. BURIAL CREMATION, 24B. DATE	24C. NA/	ME of CEMETERY OF CRI	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify) RILRIAL 2/23	1				
poerti		MANY'S			BALTA, MD,
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. EUNERAL DIRECT	9R 5.330	ADDRESS
FFR 93 1088 A 2	And Fra.	Company of C	Vand Ch	evenel 361	7 Chestras Auc 1
VS 150-REV. 171/65	A THE				

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100 -/ 11		CITY HEALTH DEPARTMENT	00 01007
30010	BIRTH NO. 66 B1897 CERTIFIC	CATE OF DEATH Registered No.	66 81897
and eath ased the the	M.E. CASE NO.		
an dse th th	(Type or Print)	2. DATE AND HOUR OF DEATH	
3 = 00 5.	MARIE BURBRIDGE	2-18-66	3:45 PM.
of d Dece	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE 8. COUNTY	institution: residence before admission)
N 4			Aulto
hose use de de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
Se; Se;	INSTITUTION		CONAL dad give lownship)
4 50 2	2 2	D. STREET ADDRESS (If rurol, give location)	00
- E B B B G		D. STREET ADDRESS (IT fores, give location)	
0 + D L d d	THE JOHNS HOPKINS HOSPITAL	6709 GLEN KIRK ROAD	
ad a d	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF SIRTH 9. AGE (In years)ost birthday)	Months Doys Hours Min.
rickur dring gould sed	FEMALE WHITE DIVORCED	2–18–11 55	771031113
0 0 0 0 0	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS		12. CITIZEN OF
+ 1 = = = = = = = = = = = = = = = = = =	done during most of working life even if retired)	M	WHAT COUNTRY?
or Inde	SALES READ'S STORE	IND	USA
7 5 D 0 0 0	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
T if d if d (4) U (4) U the		6	
07 57 15 5		SOPHIE SMITH ADIER	ADDRESS
A Day	15. Was Decaded Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
TA I I I I I I I I I I I I I I I I I I I	NO 717-98-04	72 NOSE. KELORUS	
A SET YPE	7.0	E OF DEATH	INTERVAL BETWEEN
O si is o	The state of the s		ONSET AND DEATH
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W F. DO L D	heart failure, asthenia, etc. it means the disease,		
OR OR	injury or complication which caused death.)		
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A me me y buy buy buy buy	DISERSE OR CONDITION CROSING III		
The de de	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
FUNE chie by a by a che the the physic	Del 65 WAS PERFORMED CA BREAK		MO
- 5 0 6 0 4	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e) OR CONTRIBUTING CAUSE OF home, form, foctory, stree		are City, give exact location)
	OR CONTRIBUTING CAUSE OF hame, form, foctory, stree		11 = 1 0 0
R B S S S S S S S S S S S S S S S S S S	o	- 6709 Llew	Kerk la
Hoved by hosp nature	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (Month) (Doy) (Year) (While At Not	21F. HOW DID INJURY OCCUR?	2
U T 96 2 2	(APPROX) While At Work At V	While Pot Lell	
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	70616	, /	19
A to	that (We) lost saw the deceased alive on FLC 18	19 &ond that In(my) -(our) or	Inion death occurred on the date
_ 0 0 0		+) view the body after death.	
Hogardent dear	23A. SIGNATURE		23B. DATE SIGNED
3 4 0 5	DALLO MO DO M.D.	Attending Med. Stoff	F-06 10 1911
	frem wayne	Phys. Director Phys.	1 FEB 166
N H S S S S S S S S S S S S S S S S S S	23C. PHYSICIAN'S	23D. ADDRESS	
JOHNS ficate m was rel	JOHN R. WAGNER	THE JOHNS HOPKINS HO	SPITAL
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	BEARCION (Specify)	// /2 //.	Alla
THE BOD THE This certifihe body was D.O.	BURIA 2-22-46 Noly MEDIER	MER LIENI JUAILO	MD
Tis In	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF AEGISTRAR	25C. FUNERAL DIRECTOR	LA CADDRESS
This the showas was	FEB 23 1966 A 2 R 1 Follows	8802 NARTORD K	D(C.F. FUANS ISON)
- -	VS 150-REV. 1/1/65		



BIRTH NO.

M.E. CASE NO.

VS 150-REV. 1/1/65

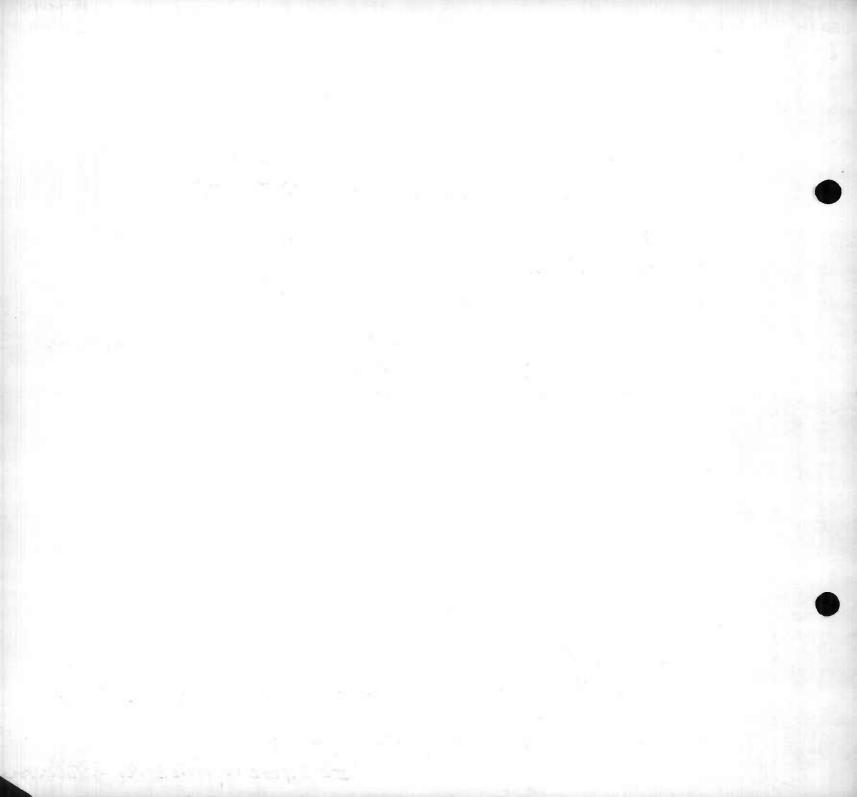
BALTIMORE CITY HEALTH DEPARTMENT . AXLE

Registered No. P

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FUNERAL DIRECTOR: IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death	pro	nba
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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	Thi	N W	de ×

	BALTIMORE CITY	HEALTH DEPARTMENT		OC A CO
BIRTH NO. 66 01899	CERTIFICA	TE OF DEATH	Registered No.	66 (11899
A.E. CASE NO.			ND HOUR OF DEATH	
Type of Pint) denson, E	mma	2/	16 666	600
B. PLACE OF DEATH IN BALTIMORE, MARYLANE		4. USUAL RESIDENCE (Whe	ere deceased lived, if i	nstitution; residence before admission)
FULL NAME OF (If not in hospital or instit	ution. Give street		none, p	rangle ad
HOSPITAL OR oddress or location) INSTITUTION GOVERNMENT CONTRACTOR OF THE CONTRACTOR	hina to a	C. CITY OR TOWN (If ou	itside city limits, write	RURAL and give township)
O CARSER DO	sing long		nore	4-01
CAROCK 11	RICSTIT		rural, give location)	trut
. SEX 6, RACE 7, MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years,	
F Mex 5	POWED, DIVORCED (specify)	4-11-1887	lost birthday 4/2	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, K) one during most of working life, even if retired)	NÓ OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12, CITIZEN OF WHAT COUNTRY?
hosuse wife		ANNZPO	118 AAR	0 45A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
George Woode	2N	PARRIS		
o. Was Deceased Ever in U. S. Armed Forces? es, no or unknown)(Iff yes, give wor or dotes of se	vice) 16. SOCIAL			on Homes chart
NO	unknown		nna. A	
18. / 9 7 , 0 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ma	testate So		
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	tostatic Sque	Crown Cox	x arraner
heart foilure, asthenia, etc. It means the di injury ar camplication which coused death.		-of lot, hay		
ANTECEDENT CAUSES	(B)	arkingonisu	<u> </u>	1148.
DISEASES OR CONDITIONS, if any,	DUE TO '			/
rise la lhe above couse (A) sloting UNDERLYING CONDITION last.			***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	EOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	all 208 IE VES WEDE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work	е		
22. I certify that (I) (this haspital) atter		1111	19 6 200 7	ch. 16 1966
that (I) (we) last saw the deceased aliv	1-0 20		- //	inian death accurred an the dat
and hour and fram the causes stated obe				man dodin decomed an ine da
23A. SIGNATURE	2 vo. (1) (90) (00) (010 1101) v	new the budy diret death.		23B. DATE SIGNED
8 E 1800	M.D. Atte	ending Med. Director	Stoff Phys.	2/17/6
23C. PHYSICIAN'S NAME (Type) F F HG/		23D. ADDRESS	- 46 01	re Bell real
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	2//7 M/20/1	9 / V9/5. 10 V	Law, west
REMOVAL (Specify)	n / / /	EMATORY 24D, I		City, town, or county) (State)
BUT 1 2 2 - 17-56	DUYIAL MILL	CEM- AI	wwapolis	ADDRESS
FEB 23 1965 12 G	AME OF REGISTRAIN	25C, EUNERAL DIRECTO	- WITHH	+1701 mappy
'S 150-REV. 1/1/65		JEORG	ENVIIIL	Eller-Oslowede



1 A-425	1 111 111100	Y HEALTH DEPARTMENT 'S CERTIFICATE OF DEATH Regist	66 11900 rered No.
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNG	CED DEAD
	(Type or Print) VASILIOS ALEXANDI	RIS February 18, 19	66 A. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If in: A. STATE Maryland	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give township)
	1809 Aliceanna Street	D. STREET ADDRESS (If rurol, give locotion) 1809 Aliceanna Stree	t
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Male White		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN done during most of working life, even if retired) Fainter Painting		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
	No 217-01-7		Itimore Mid.
	DISEASE OR CONDITION DIRECTLY	cause of Death rteriosclerotic Cardiovascular 1	INTERVAL BETWEEN ONSET AND DEATH

injury or complication which coused death.) ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED

21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., NJURY OCCUR? MEDICAL 21 A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Yeor) (Hour) OF INJURY (APPROX.) WHILE AT NOT WHILE 22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted fram: Notural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED

ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type)

2/18/66

(Stote)

Charles S. Petty, M.D. 23A. BURIAL CREMATION. REMOVAL (Specify)

WAS PERFORMED

23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION

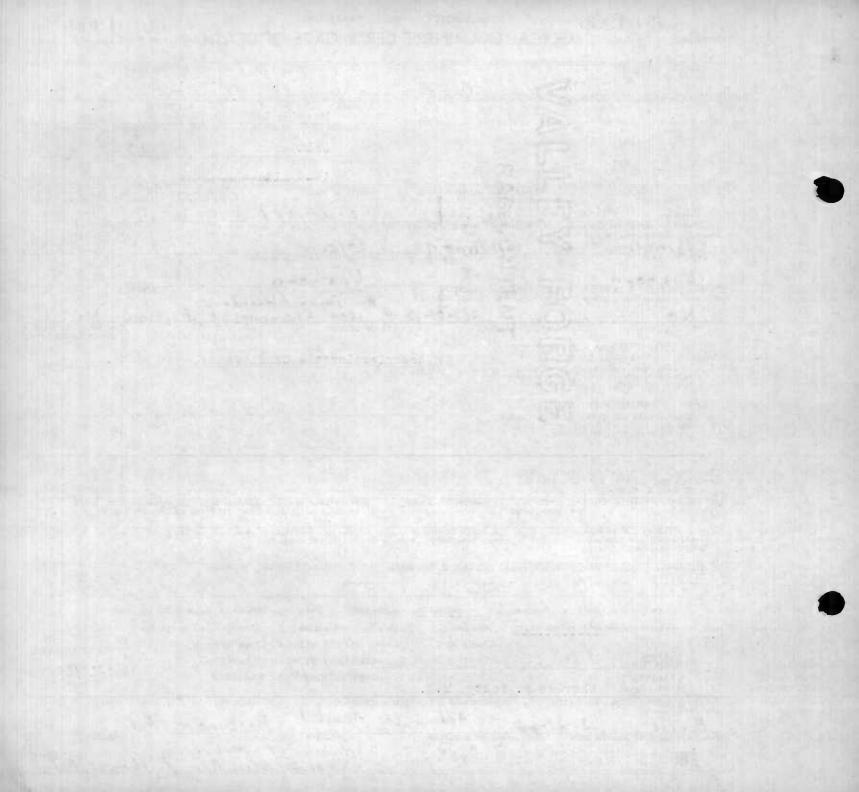
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IN CERTIFYING CAUSES OF DEATH?

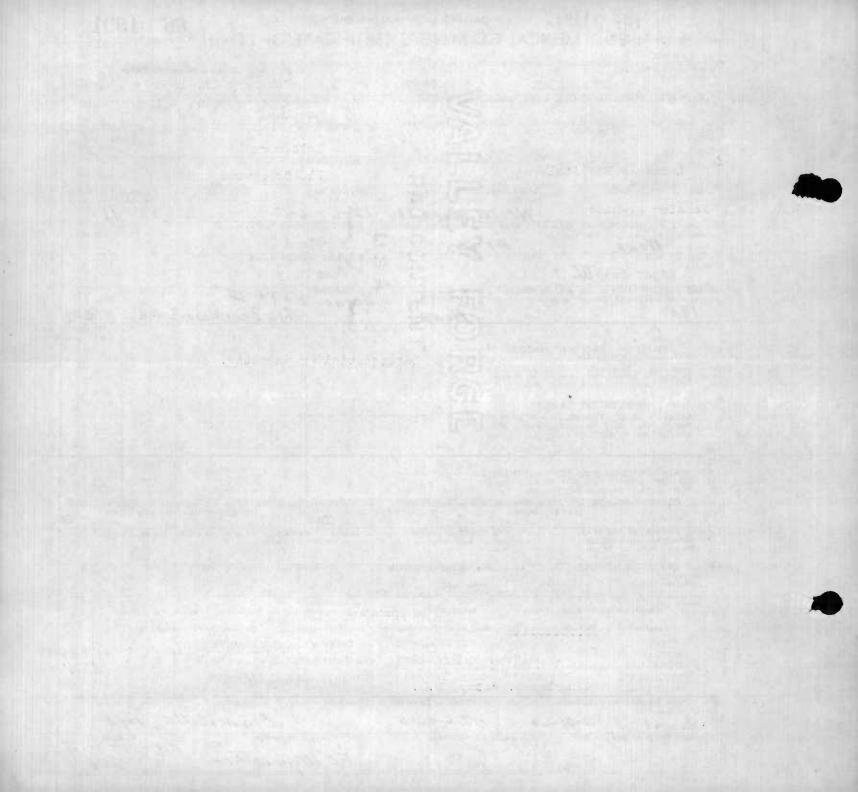
ADDRESS

(City, town, or county)

VS 151-REV. 1/1/65



BIRTH NO. 65-30563 MEDIC		BALTIMORE CITY HEAL (AMINER'S CI			DEATH Registe	() 1 (ered No	901
M.E. CASE NO.							
1. NAME OF DECEASED			WITH THE LOT		D HOUR PRONOUNC		0.10
BERNADETTE		ZEPP			ary 17, 196		8:40 A
3. PLACE IN BALTIMORE, MARYLAND, WHER			Ma	ryland	deceosed lived. If inst B. COL		
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OK INSTITE	TION, GIVE STREET	C. CITY OR TO	WN (If outsid	e corporate limits, write	RURAL	nd give township)
			Ва	1timore		75	04
Tuthonen Hospital			D. STREET ADD	_		1	
Lutheran Hospital			71	.6 Brook	wood Road		
		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)		Doys Hours , N
Female White	20	MARRIEN	12-6-	65		2	11
OA, USUAL OCCUPATION (Give kind of work 108			11. BIRTHPLACE	(State or foreig	gn country)	12. CITIZ	
done during most of working life, even if refired)	No	2115	Mary1	and		WHA	T COUNTRY?
3. FATHER'S NAME			14. MOTHER'S N		E		
Edgar Zepp TII			Rose	Mary			
5. WAS DECEASED EVER IN U.S. ARMED FO	ORCES?	16. SO CIAL	17. INFORMANT	2.8 PP	TE	ADDRESS	5 - 17-
Yes, no or unknown) (If yes, give wor or dotes o	t service)	SECURITY NO.	Edgae	100		01	BAITE
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325 / 1		CAUSE	OF DEATH				ONSET AND DEA
DISEASE OR CONDITION DIREC	TLY		1 7				
(This does not meon the mode of dy heart foilure, asthenia, etc. It means the	ring, e.g.,	(A) Inter	stitial F	neumoni	.Cls.		
heart foilure, asthenia, etc. It means the injury or complication which coused deat	e discose,	200 10					
DISEASES OR CONDITIONS, IF ANY,	CIVANG	(B) DUE TO	***************************************				
RISE TO THE ABOVE CAUSE (A) STATE	ING THE	DUE TO					Harry ST
UNDERLYING CONDITION LAST.		(C)	************		******************************		> & = = = & & = = = & = = = & = = = & = = = & =
2							
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.							
DISEASE OR CONDITION CAUSING IT.	. 10 1	nt					
		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FIL		
	IVIED		Yes	3	IN CERTIFIEND CAUS	SES OF DE	Yes
✓ 21 A. EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., i	in or obout 21C.	WHERE DID	(If in Boltimore City, gi	ve exact lo	ocotion)
UTING CAUSE OF DEATH.	etc.)	, 10,111, 100101,, 011001, 0		, occor,			
21D TIME (Month) (Dov) (Year)	(Hour) 2	1E. INJURY OCCURRED	21 F. H	ILNI DID WO	JRY OCCUR?		
OF INJURY (APPROX.)	V	WHILE AT NOT	WHILE				
22.	m. V	VHILE AT NOT NOT NOT W	ORK				
I certify that I held an Inqu	ilry 🗌	Inspection Aut	opsy X an	d that on th	is basis, death in m	ny opinia	n
resulted from: Natural cause	x X A	coldent Suicide	e Homici	ide 🗍 I	Undetermined manne	er	
		17		EDICAL EX			
ACTUAL ()	.1. 1	lous un	ASSISTANT M				DATE SIGNE
SIGNATURE	ui ·	M.D.					2/17/66
EXAMINER'S NAME (Type) Charles	S. Pe	etty, M.D.	ASSOCIATE M	EDICAL E	NAMINEK		
BA, BURIAL CREMATION, 238. DATE		C. NAME of CEMETERY o	CREMATORY	23D. L	OCATION (City,	town, or	county) (Stote
REMOVAL (Specify)		ST. Louis			ARKSUILLE		
1)612141			D4C F111				
		OF REGISTRAR		AL DIRECTOR	- FI	lint	Te: 4
FLS 23 1966 @ 2. 8	1. Jan	Stop FAB ()	O F.C. to	liginde	Thom	,,,,,	and.
VS 151-REV. 1/1/65				1			



15. WAS DECEASED EVER IN U.S. ARMED FORCES

BALTIMORE	CITY	HEALTH	DEPARTMENT
DALLIMOKE	CIT	TIEVELLI	DEIVIMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

2. DATE AND HOUR PRONOUNCED DEAD February 19, 1966 6:20 P 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 29.24 Presstman Street B. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. If Under 24 Hrs. last birthdoy Months, Doys, Hours, Min. 68

10A, USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? -INa

16. SO CIAL

4. MOTHER'S MAIDEN NAME

7. INFORMANT

ADDRESS

SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) INTERVAL BETWEEN ONSET AND DEATH

Arteriosclerotic Cardiovascular Disease.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

DUE TO

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, loctory, street, office bldg., INJURY OCCUR?

21D TIME (Month) (Doy) OF INJURY

FICATION

CERTI

21E. INJURY OCCURRED (Hour) m. WHILE AT NOT WHILE 21F. HOW DID INJURY OCCUR?

I certify that I held on Inquiry

Inspection

Autopsy

ond that on this basis, death in my opinion

resulted from: Notural causes X Accident

Sulcide CHIEF MEDICAL EXAMINER

Homicide Undetermined monner

ACTUAL eily SIGNATURE

M. D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 2/20/66

EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION,

23C. NAME of CEMETERY of CREMATORY

23D. LOCATION

(City, town, or county)

(Stotel

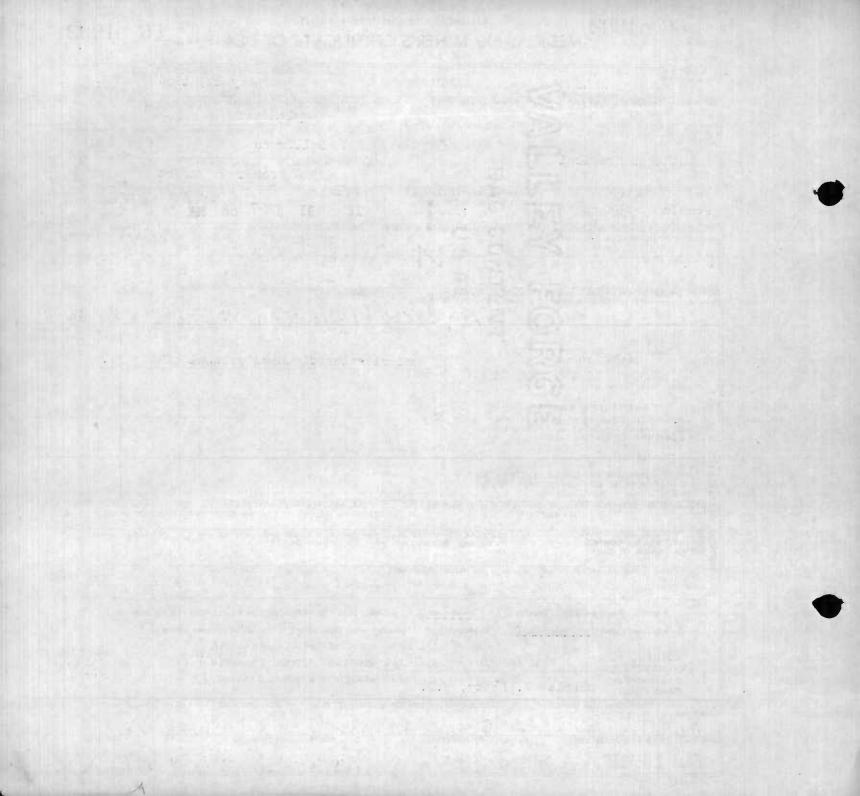
24A. DATE REC'D BY HEALTH DEPT.

24B. NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

REMOYAL (Specify)



VS 151-REV. 1/1/65

V.s. 153 2-28-66 M.H.

part of	10	1	0	to i	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH	H NO. 66 01		TE OF DEATH Registered	No.66 01904
1.NA	AME OF DECEASED	.00x	2. DATE AND HOUR OF D	EATH / /
	LACE OF DEATH IN BALTIMORE MA	P. William H.	5 10/Am	
FU	ULL NAME OF (If not in hospitol OSPITAL OR oddress or locotic NSTITUTION	or institution, give street OUR HOSPITAL	A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, D. STREET ADDRESS (If rurol, give locotic	write RURAL and give township)
	DON ACC	0,0 0 000,	39 Edmorson Rid	51 11 20
5. SE)	$m \mid \omega$	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 62	s If Under 1 Yr. If Under 24 F Months Doys Hours Min.
EQ.	during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Baltimore Md.	12. CITIZEN OF WHAT COUNTRY?
13. FA	CATHER'S NAME	2010	14. MOTHER'S MAIDEN NAME BECKEY	
	Vas Deceased Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS
1	VO	2150/1259	Charl HOSPIT	
	DISEASE OR CONDITION DE	RECTLY A	criosclorpes Heart ease	INTERVAL BETWEEN ONSET AND DEATH
TION	DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	any, giving stating the (C) CONTRIBUTING ATED TO THE	orany Insufficie	
	19A. DATE OF OPERATION 198. COI		20A. AUTOPSY? (Yes or No.) 20B. IF YES, N	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
0 2	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o		oltimore City, give exact location)
A C	DEATH (notify medical examiner)	etc.)		
MEDIC	21D. TIME (Month) (Doy) (Year) (APPROX.)	(Hour) 21E, INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR?	A
2 PT 0 0 2:	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspite that (1) (we) last saw the deceas and haur and from the causes ste 23A. SIGNATURE Curell J. 90	(Hour) 21E, INJURY OCCURRED While At Nor Whi Work At Work	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 1966, and that in (my) (auxiliary the bady after death.	r) apinlan death accurred an the
21 VEDIC	21D. TIME (Month) (Doy) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (this haspite that (I) (we) last saw the decease and haur and fram the causes storated by the course of the causes of the cause of the causes of the cause o	etc.) 21E. INJURY OCCURRED While At At Work At Work all) attended the deceased from M. and alive on Febhu Any- ated above. (I) (We) (did) (did not) Att Att Att Att Att Att Att	21F. HOW DID INJURY OCCUR? And that in (my) (authorized the bady after death. 21F. HOW DID INJURY OCCUR?	r) apinion death accurred an the 238. DATE SIGNED Feb-21-19. +OSP-BALTIMORE-
21 VEDIC	21D. TIME (Month) (Doy) (Yearl OF INJURY (APPROX.) 22. I certify that (I) (this haspite that (I) (we) last saw the decease and haur and from the causes storage. SIGNATURE CAUGE S. PHYSICIANS NAME (Type) ANGEL S. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) TOMBMENT 2/24	while At Nor White At Work At D. M.D. Att Phy	21F. HOW DID INJURY OCCUR? And that in (my) (authorized to be a second occurs of the second occurs of the second occurs	r) apinlan death accurred an the



VS 150-REV. 1/1/65

Street St

	BALTIMORE CITY	HEALTH DEPARTMENT	, /	
BIRTH NO. 66 01906	CERTIFICA	TE OF DEATH	Registered No.	atone
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE A	AND HOUR OF DEATH	01.000
(Type of Print) COOK, ROL	AND WATSON	2	2-20-66	10:53 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI A. STATE B. COL	here deceosed lived. If i JNTY	nstitution: residence before admission)
FULL NAME OF (If not in hospitol or institution) INSTITUTION	ition, give street	MD . C. CITY OR TOWN (If of	outside city limits, write	RURAL and give lownship)
10		BALTO. #	WOODLA	WN 53-00
ST. AGNES HOS	PITAL	1916 HILCR		
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdow)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	MARRIED MARRIED	10-30-00		
OA, USUAL OCCUPATION (Give kind of work 108, KIN tone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	MOLDER	MASS.		U.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN N		
ROBERT COOK		ADA PEASE		
15. Was Deceased Ever in U. S. Armed Forces? Yes, no at unknown) (If yes, give war at dates of ser	vice) 16. SOCIAL SECURITY NO. 212-09- 8 435	ST. AGNES H	ONA B. COOK.	1916 HTLLCREST ROA CORDS 212
18.467.11	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			1. 4. 1	
(This does not mean the made of dying,	e.g., DUE TO	eve brovasc	WINT TECH	(A)
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)	ease,	1	1 1 1	
ANTECEDENT CAUSES	(B) HIV	20/HV-CAPIL	lary bloc	le montho
DISEASES OR CONDITIONS, if any, g			,	
use to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID injury occur?	(If in Boltimo	re City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
(APPROX.)	While At Not While At Work			
22. I certify that (this hospital) attended		2 Feb	1966 to 2	10 Feb 19 65.
that (b) (we) lost sow the deceased alive	20 5 . 1	19 6 6 ond		inion deoth occurred on the date
ond hour and from the couses stoted obo			7/2	
23A. SIGNATURE	ve. (p (e) (did) (did) (Tew the body diter deom	10	23B. DATE SIGNED
110	Last To Men Alle	nding Med.	Stoff Phys.	21 Fel 66
23 C. PHYSICIANS	The state of the s	23D. ADDRESS	· ny s	7 7 3
NAME (Type) RALPH UPD	IKÉ M.D.	ST. AGNES H	HOSPITAL-CA	ATON & WILKENS
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State)
BURIAL 2/23/66	WESTERN CEMETER	RY B	ALTIMORE,	MARYLAND
	AME OF REGISTRAR	25C. FUNERAL DIRECTO	O R	ADDRESS
FEB 23 1965 R. A. B. C.	STOCKED OF THE	HUBBARD FUNE	RAL HOME, 41	107 WILKENS AVE. #29
/\$ 150-REV. 1/1/65		*	1.6	

IMPORTANT

DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/6\$

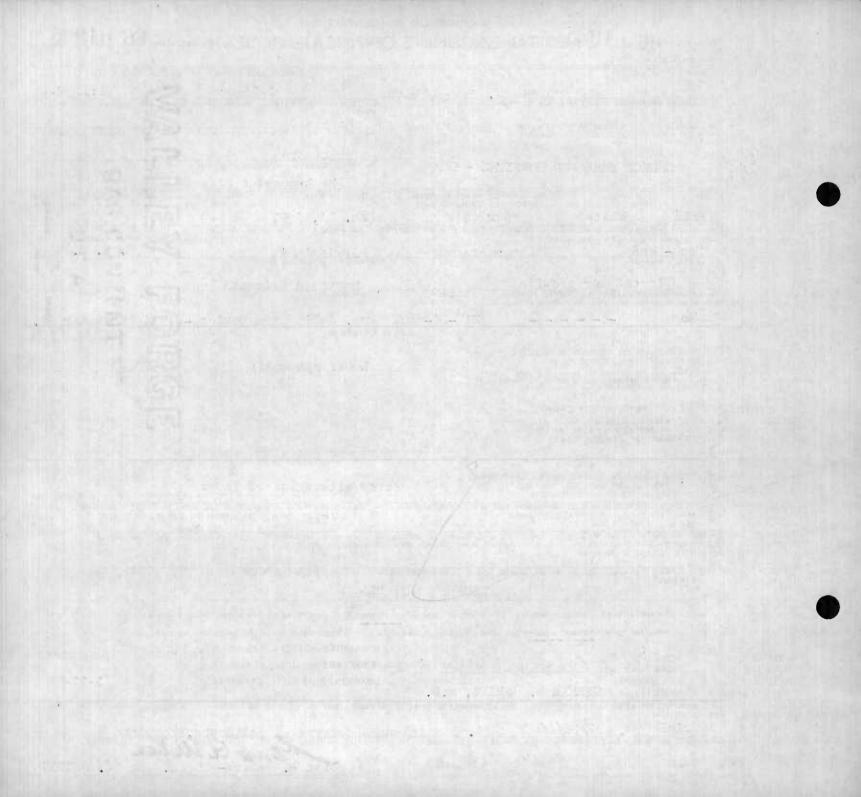
BALTIMORE CITY HEALTH DEPARTMENT

25.03 miles - **15**.0 miles - 25.0 A Bartha and Jacks Teach In The first that the same against the first said a

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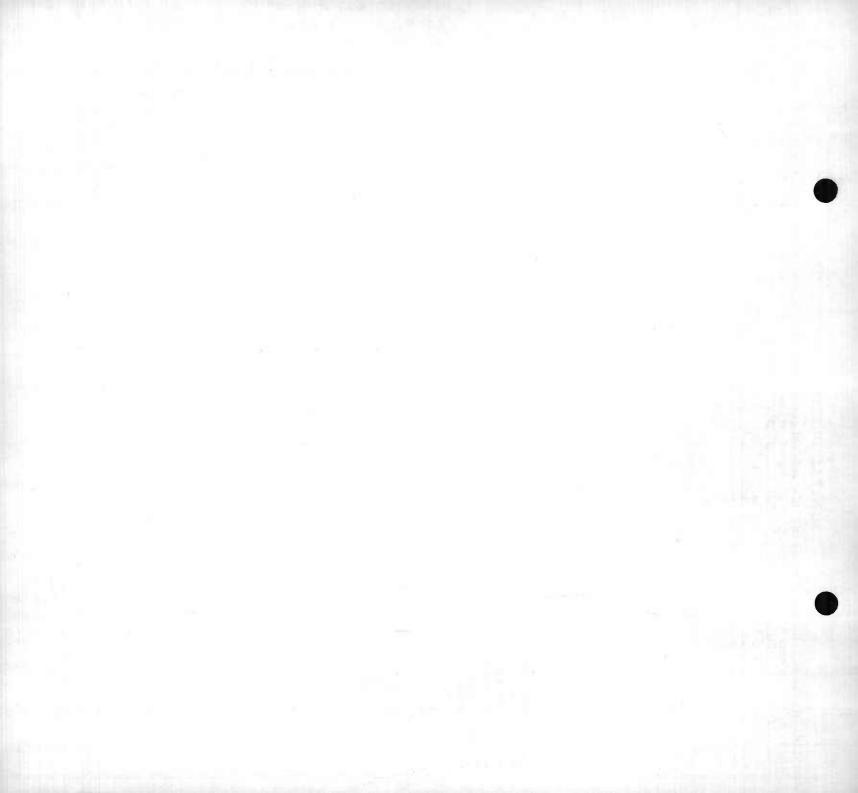
BIRTH NO. 66 019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 01908

M.I	E. CASE NO.						
1. I	NAME OF DECEASED				2. DATE AND HOUR P	RONOUNCED DEAD	
		SEPH W.	ZARACHOWICZ		2-21-66		1:55 P. M.
3. 1	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDE	ENCE (Where deceased li	ived. If institution: res B. COUNTY	idence befare admission)
FUI	LL NAME OF (IF NOT IN HOSP	ITAL OR INSTITU	TION, GIVE STREET	Maryla	nd		
HO	SPITAL OR ADDRESS OR LOCATION	CATION)	The state of the s	C. CITY OF TOW	/N (If autside corparote	limits, write RURAL	and give tawnship)
				Baltim	ore	0.	3
	CHURCH HOME AND	HOSPITAL	- DOA		ESS (If rural, give lacation	on)	
				1724 L	ancaster Str	eet	
5. 5	EX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH			or 1 Yr. If Under 24 Hrs.
	Male White	Marri	DIVORCED(specify)	Dec. 24,	1907 last birt	_	Doys Haurs Min.
	USUAL OCCUPATION (Give kind of w			11. BIRTHPLACE	1/01	12. CITIZ	EN OF
1	e during most of working life, even if retired					WHA	AT COUNTRY?
	Deck-hand	Longsho	oreman	Mississi 14. MOTHER'S MA	DDI	U	S. A.
15	Vincent Zaracho	Wicz	16. SOCIAL	Maryann 17. INFORMANT	a Ksiazek	ADDRES	
	s, na arunknawn) (If yes, give wor or de		SECURITY NO.	17. INFORMANT		ADDRES	3
	No		217-01-8672	Mrs. Juli	a Zarachowic	7 - 172/ Ts	neaster St.
	18. 11. 00 V.			OF DEATH			INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY					ONSET AND DEATH
	LEADING TO DEA	TH	(A)	Lobar pe	numonia		11776
	(This does not meon the mode head failure, asthenio, etc. It mea injury or complication which cause	ins the disease,	DUE TO	p.v	A1-34-11-34-34		
	ANTECONDENT CALL	cec					
	DISEASES OR CONDITIONS, IF		(B)DUE TO	********		· · · · · · · · · · · · · · · · · · ·	•
	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE	DOE 10				
z	CHOCKETHO CONDITION EXS		(C)		•••••••		****
은							
CERTIFICATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSI	RELATED TO TH	IG IE Fat	tty altera	tion of live	r	
2	19A. DATE OF OPERATION 198, CO		VHICH OPERATION	20A. AUTOPSY?	(Yes at No) 208. IF YES	WERE FINDINGS (ONSIDERED
Ö	WAS P	ERFORMED		Yes	ILL CONTROL	ING CAUSES OF DI	
¥	21A. EXTERNAL CAUSE WAS	218. 1	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (If in Baltime	Yes ore City, give exact I	acation)
Ш	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, etc.)	form, foctory, street, o	office bldg., INJURY	OCCUR?		
Σ	21D TIME (Month) (Doy) (YOUR OF INJURY	eor) (Hour) 2	E. INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR	1?	
	(APPROX.)	m. W	HILE AT NOT AT W	ORK			
	I certify that I held an	Inquiry 🗌	Inspection Aut	apsy X and	that an this basis, a	death in my apinia	in
	resulted fram: Natural o	auses X A	ccidentSuicide	e Homicia	Je Undetermin	ned manner	
				CHIEF ME	DICAL EXAMINER		
	ACTUAL 1100 2	0.11	Cinal	ACCICTANT ME	DICAL EXAMINER		DATE SIGNED
	SIGNATURE	2000	M.D.				0 00 66
	EXAMINER'S NAME (Type) WERNER	U. SPI	TZ, M.D.	ASSOCIATE MI	EDICAL EXAMINER		2-22-66
	BURIAL CREMATION, 238. DATE		NAME of CEMETERY O	CREMATORY	23D. LOCATION	(City, tawn, ar	caunty) (State)
	AOVAL (Specify)	"					
	Burial 2/26/		st. Stanislaus			re, Marylan	ADDRESS
244	Minney Co. London A	240, NAME	OF REGISTRAR	24C. FUNERA	Tengo 9	Weber	ADDRESS
	FEB 23 1965 A A	1. 2. 3	la literatura	George	A. Weber -	705 S. Ann	St. #21231
VS	151-REV. 1/1/65			0			4



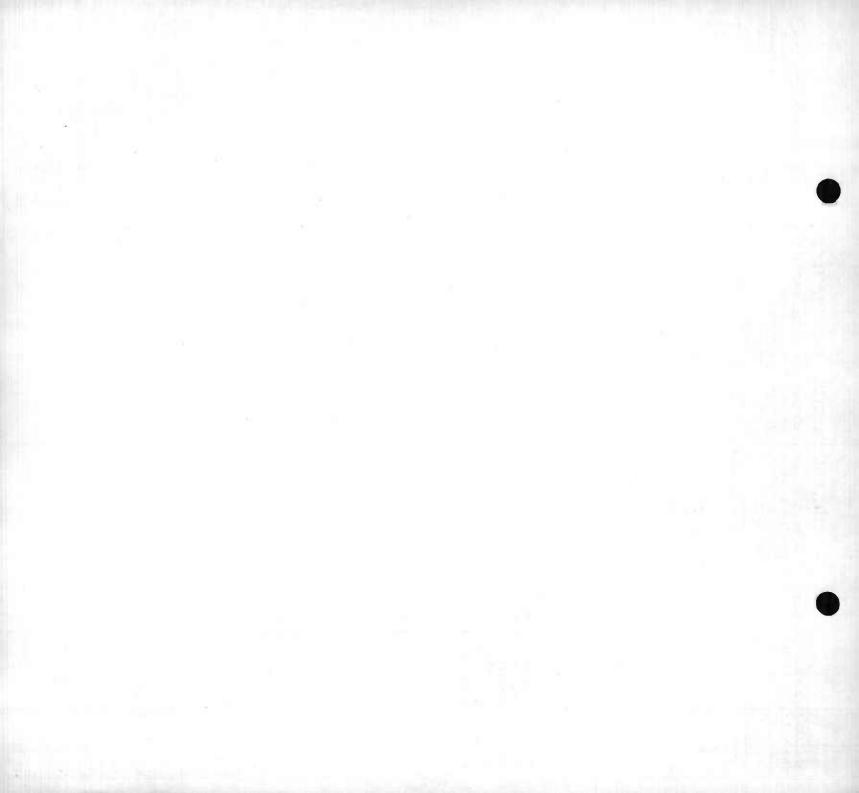
FUNERAL DIRECTOR: IMPORTANT

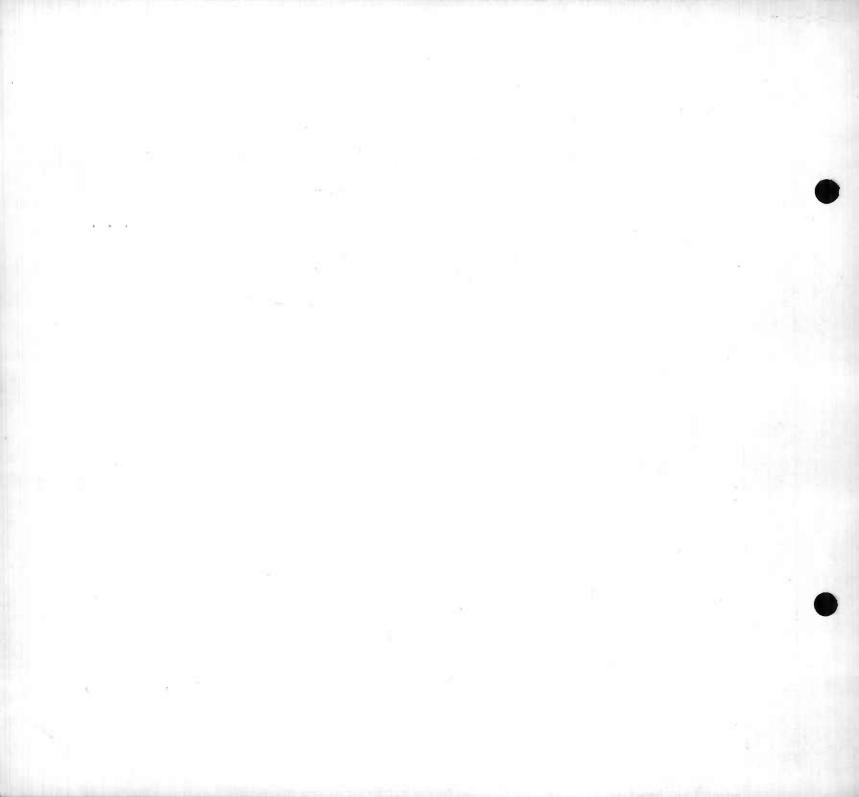
NAME OF DE Type or Print)	CEASED		2, DATE AND HOUR OF DE	
*		TERS HOKEMEYER	Teloway 20, 1	966 14:30 P.
FULL NAME HOSPITAL OF INSTITUTION	oddress or locotio	or institution, give street n)	Maryland C. CITY OR TOWN (If outside city limits, w Baltimore D. STREET ADDRESS (If rurol, give locotion	rite RURAL and give township)
		dens Nursing Home	40011 Southern Ave.	
Female	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8 Dec. 1877 9. AGE (In years lost birthdoy) 89	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	I working lile, even if retired)	10B, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) Germany	12, CITIZEN OF WHAT COUNTRY? U. S. A.
3. FATHER'S NA	AME		14. MOTHER'S MAIDEN NAME	U. D. A.
	Walter	rs	Fannie Langguth	
5. Was Decease	d Ever in U. S. Armed Fo	rces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
no or unknov	vn) (II yes, give wor or dote	es of service) SECURITY NO,	Merman Hokemeyer, Cedar	La., Kingsville.
18. // 1/	2 YI	CAUSE	OF DEATH	INTERVAL BETWEEN
heart failure	LEADING TO DEATH not mean the mode of n, asthenia, etc. It means implication which caused	dying, e.g., DUE TO	lio-Vascular Husandencia	ierse 10 mlars
DISEASES rise to 1 UNDERLYIN	not mean the mode of a state of the country of the	CONTRIBUTING	elmonory Pelense Lio-Vasculy Hypertención Utrinsclarosis	ierse 10 years 10 years
DISEASES rise to 1 UNDERLYIN OTHER SIGN TO THE DISEASE OF THE DIS	nol mean the mode of a sthenia, etc. It means to the mode of a strength of the mode of the	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION		
DISEASES rise lo I UNDERLYIN OTHER SIGHT TO THE DISEASE O 19A. DATE (21A. ACCID OR CONTRI	nol mean the mode of a sthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he above cause (A) IG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT. HOLTON FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WIN CERTIFYING	
DISEASES rise lo I UNDERLYIN OTHER SIGN TO THE DISEASE O 19A. DATE (21A. ACCID OR CONTRI	nol mean the mode of a cashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he above cause (A) IG CONDITION last. INTECANT CONDITIONS OF CONDITIONS OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITION CAUSING ENT WAS UNDERLYING CAUSE OF	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., bome, form, foctory, street, etc.)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, W IN CERTIFYING a, in or obout 21 C. WHERE DID (If in Bolt office bldg., INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to I UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A. DATE OF 21A. ACCID DEATH (not) DEATH (not) DEATH (not) DEATH (not) The control DEATH (not) DEATH (not) The control DEATH (not) The con	nol mean the mode of a cashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he above cause (A) NG CONDITION last. INTECANT CONDITIONS OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONWAS PER ENT WAS UNDERLYING ENT WAS UNDERLYING (Month) (Day) (Year) y that (1) (this last saw the decease	CONTRIBUTING ATED TO THE INDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Work 4) attended the deceased fram Art wo	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, W IN CERTIFYING Office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? (hile 19 6 and that in (my) (**)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? limore City, give exact location)
DISEASES rise to I UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A. DATE OF 21A. ACCID DEATH (not) DEATH (not) DEATH (not) DEATH (not) The control DEATH (not) DEATH (not) The control DEATH (not) The con	nol mean the mode of a asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he above cause (A) and CONDITION last. I NIFICANT CONDITIONS OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITIONS OF OPERATION 198. CONDITIONS OF OPERATION 198. CONDITIONS OF OPERATION 198. CONDITIONS OF OPERATION 199. (Year) 199. I ast saw the decease and from the causes started the cause of	CONTRIBUTING ATED TO THE IT. HOLTION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not W Work At Wo	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, W IN CERTIFYING Office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? (hile 19 6 and that in (my) (**)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to I UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A-DATE OF INJURY (APPROX.) 21A. ACCID OR CONTRIBI DEATH (not that (I) (and and haur a 23A. SIGNAT	nol mean the mode of a asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he above cause (A) and CONDITION last. I NIFICANT CONDITIONS OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITION (Mass PER CAUSE OF CA	CONTRIBUTING ATED TO THE IT. RDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not W. At Work 4) attended the deceased fram ted abave. (I) (Wa) (did) M.D. A.	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, W IN CERTIFYING Office bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? (hile	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exoct locotion) 20 19 61 aplnlandeath accurred an the
DISEASES rise to I UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A-DATE OF INJURY (APPROX.) 21A. ACCID OR CONTRIBI DEATH (not that (I) (and and haur a 23A. SIGNAT	nol mean the mode of a asthenia, etc. Il means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he above cause (A) NG CONDITION last. INIFICANT CONDITIONS OF OPERATION 1988. CONDITIONS (CONDITIONS OF OPERATION 1988. CONWAS PER ENT WAS UNDERLYING ENTING CAUSE OF fy medical examiner) (Month) (Day) (Year) y that (I) (this larger of the causes start of the cause start of	CONTRIBUTING ATED TO THE IT. RDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not W. At Work 4) attended the deceased fram ted abave. (I) (Wa) (did) M.D. A.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING In or obout 21C. WHERE DID (If in Bolt office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? (hile 19 6 and that in (my) () view the bady after death. Attending Med. Director Phys. 123D. ADDRESS D. H636 Behair Para D. CREMATORY 24D. LOCATION	imore City, give exact location) 238. DATE SIGNED Tels. 20, 1966 BALTimo Re MARYLA (City, town, or county)



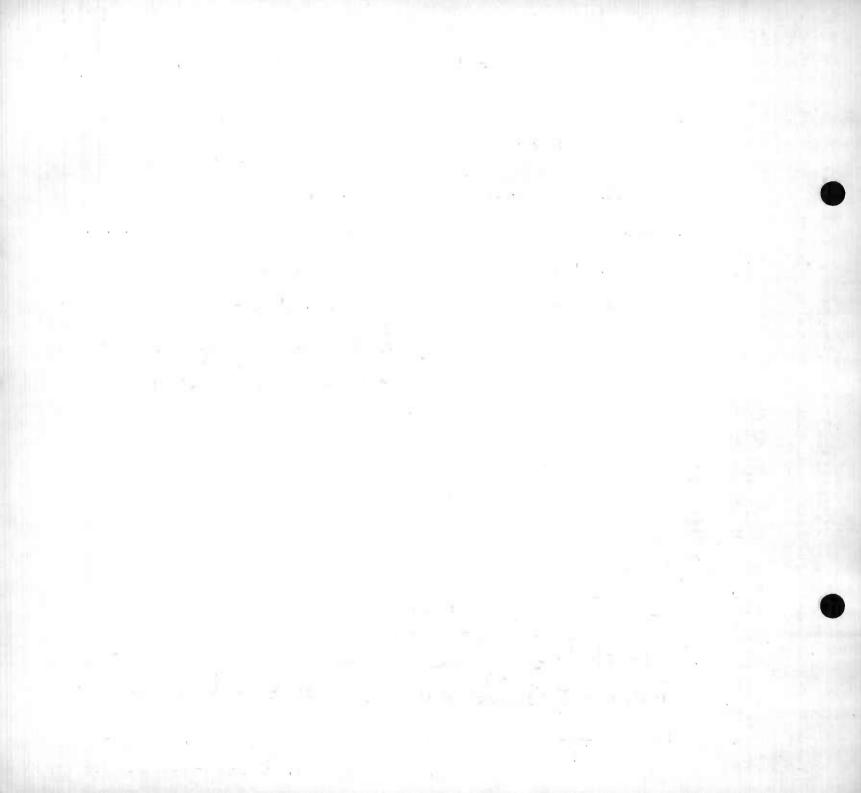
the body was released deceased D.O. shows: Was

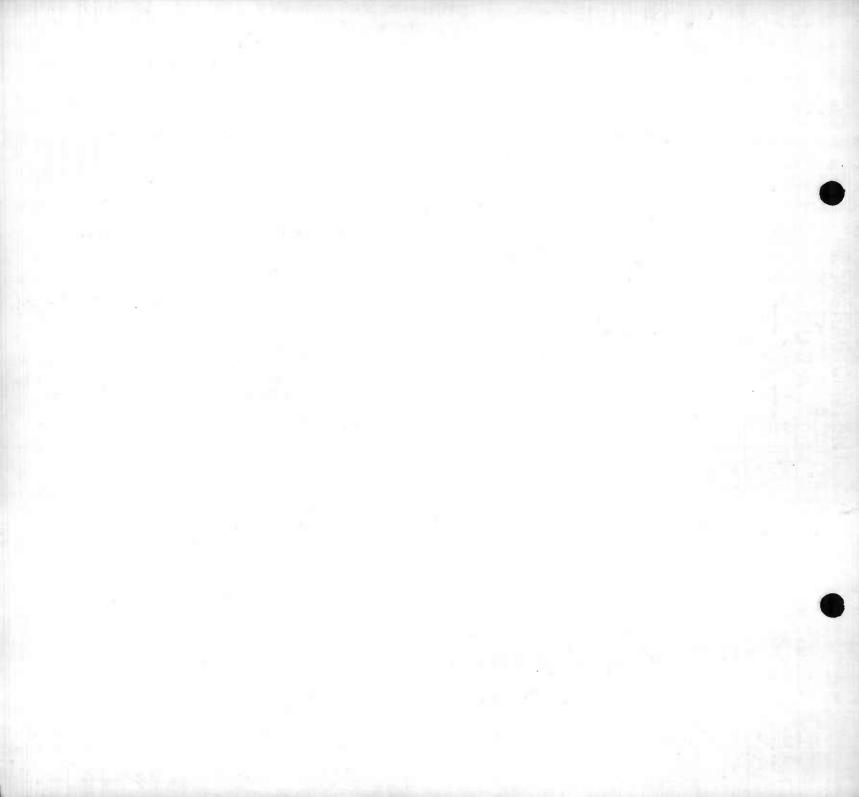
McKendry Cemetery Howard Co., Md. 2-17-66 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Ullrich Funeral Home, Baltimore, Md.





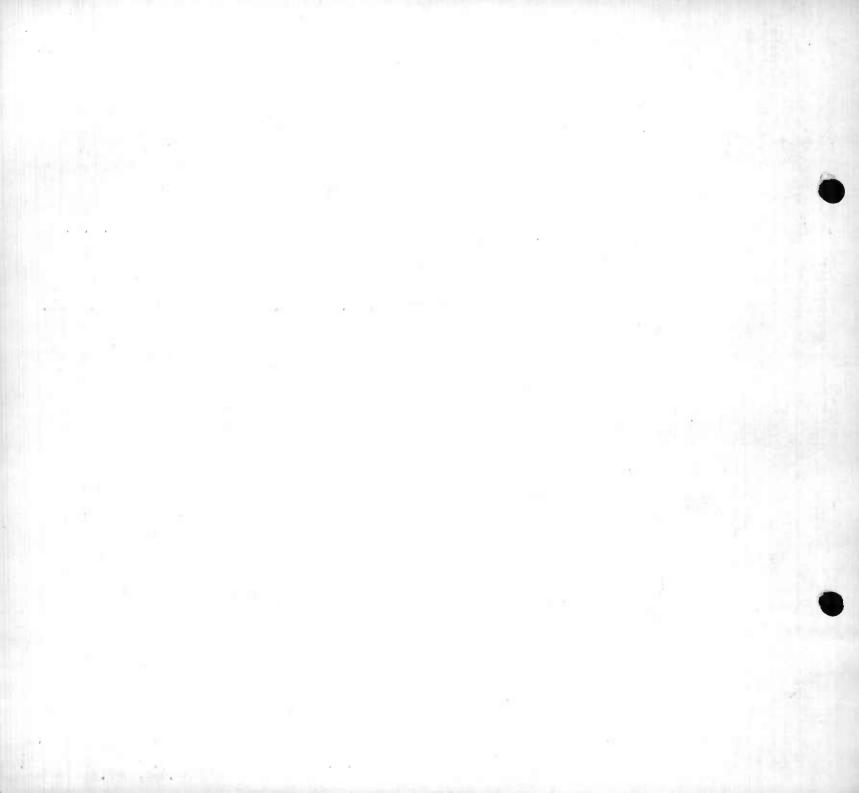
0	0.01010		BALTIMORE CITY	HEALTH DEPARTMENT		CC 01019
akili ito.	6 01912		CERTIFICA	TE OF DEATH	Registered Na.	66 01912
M.E. CASE NO.	ASED			2. DATE AN	D HOUR OF DEATH	30
Howard H. O'Day				February 20, 1966 5 PA		
PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	e deceased lived. If i	institution: residence befere edmissio
full NAME OF HOSPITAL OR INSTITUTION (If net in hespitol or institution, give street eddress er lecotion) 3811 Penhurst Avenue				Maryland		15-10
				C. CITY OR TOWN (If eutside city limits, write RURAL end give township)		
				Baltimore		
				D. STREET ADDRESS (If	rural, give location)	
				3811 Penhur	st Avenue	
			, NEVER MARRIED D, DIVORCED (specify) ried		9. AGE (In yeers lest birthdey)	If Under 1 Yr. If Under 24 H Menths Doys Heurs Min.
OA, USUAL OCCU	PATION (Give kind of wor	k 108. KIND O	F BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF
lone during mest of werking tife, even if retired)				Daltimanna		U.S.A.
Radio En				Baltimore	AF	U.S.A.
O. COLLEGE S INCH						
Harry M. O'Day				Emma Holmes		
5. Was Decessed Ever in U. S. Armed Ferces? Yes, ne er unknown! (Iff yes, give wer er detes ef service) SECURITY NO.				17. INFORMANT ADDRESS		
Yes	Navy			Maria B. O'Da	v - 3811 P	enhurst Avenue
18.44 20	21/1		CAUSE O	F DEATH	,	INTERVAL BETWEEN
1 100	E OR CONDITION DI	RECTLY	A	Δ.		ONSET AND DEATH
	LEADING TO DEATH		(A) A	Tente luyocal	Il wort	un (minutes)
(This does n	al mean the mode at asthenia, etc. Il means	dying, e.g.,	DUE TO		· ·	
	plication which caused			1-te - 0- 1	· 110 +	Dal
A	NTECEDENT CAUSES	S	(8)	-1. coroena	E Wat !	Missare
DISEASES O	R CONDITIONS, if	any, giving				4.59
	above cause (A)	stating the	(C)	www.com.	***************************************	
UNDERLTING	CONDITION lost.					
Z OTHER SIGN	II	CONTRIBILITIES	i G			
E TO THE DI	FICANT CONDITIONS (EATH BUT NOT REL	ATED TO TH	HE _			
DISEASE OR	OPERATION 198. CON	and the second second second	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES. WERE	FINDINGS CONSIDERED
E	WAS PER		Willett O'ERATION			AUSES OF DEATH?
U 21 A. ACCIDEN	IT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exect location)
OR CONTRIBU	TING CAUSE OF	her	me, form, foctory, street, e	ffice bldg., INJURY OCCUR?		
O DEATH (HOHL)						
21D-TIME OF INJURY	(Menth) (Dey) (Yeer)		E INJURY OCCURRED	21 F. HOW DID INJ	JRY OCCUR?	
(APPROX.)		w	hile At Not Whi erk At Werk			
22. I certify	that (I) (this hospita	4) ottended t	the deceased from	1955 1	9to	2 20 1966
	last sow the deceas		1 1 - 11.	(D		inion death accurred an the d
				view the body ofter death.	(,, (,,	
23A. SIGNAT	1 0 1	Teo obove.	(i) (me) (did) (did noi)	view the body offer deoffi.		23B, DATE SIGNED
	nostat/	do	AD M.D. AH	ending Med.	Steff	2/22/66
22.6. 81192161	7	2	Phy	s. Director	Phys.	100100
PHYSICIA NAME (T)	(ge)	PS	3	23D. ADDRESS	Chase	St Both
In	BKUMC	ging	EWAD M.D.	11 6-	000	- 00 Moderat
REMOVAL (S	AATION, 248. DATE	24C. N	AME el CEMETERY el CR	EMATORY 24D. LO	CATION (C	City, town, or county) (State)
Burial	2-23-6	6 1	ruid Ridge C	emetery Ro	1 timore	Maruland
25A. DATE REC'D			Oruid Ridge C	25C. FUNDRAL DIRECTOR	ltimore, l	ADDRESS
E.	E8 23 1966	DOIR	E Jan Ben Mill	O LOS WALLEN	urmuga	00 Liberty Hghts
10 100 BEN 1111	מפרו היו פרו	A 3000	-,y	Presworth Arr	na Cost- 40	oo Liberty ngnts/





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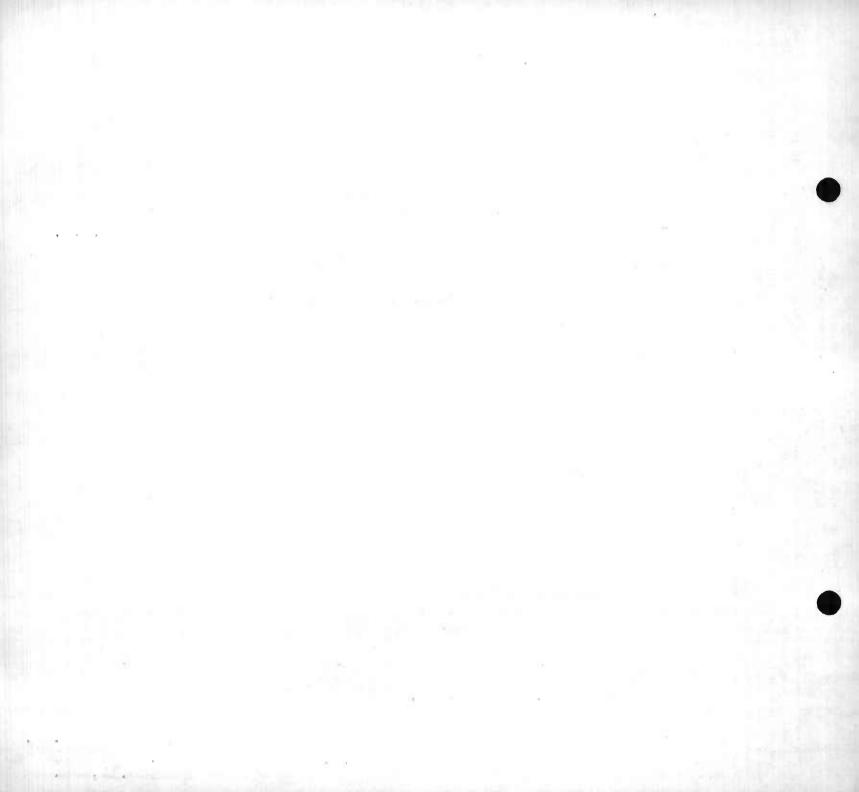
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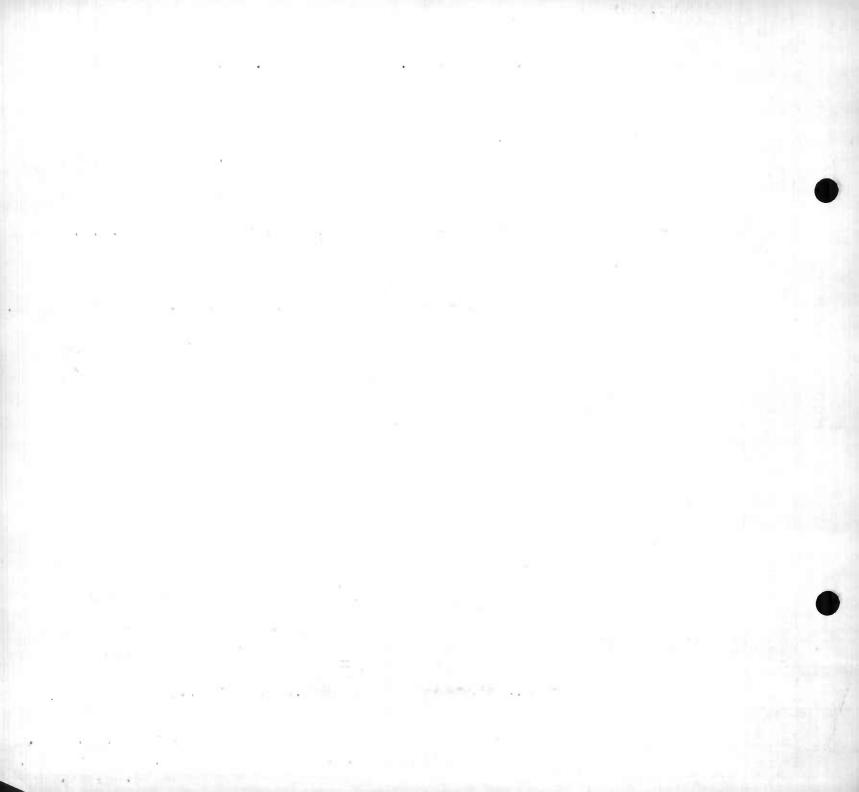
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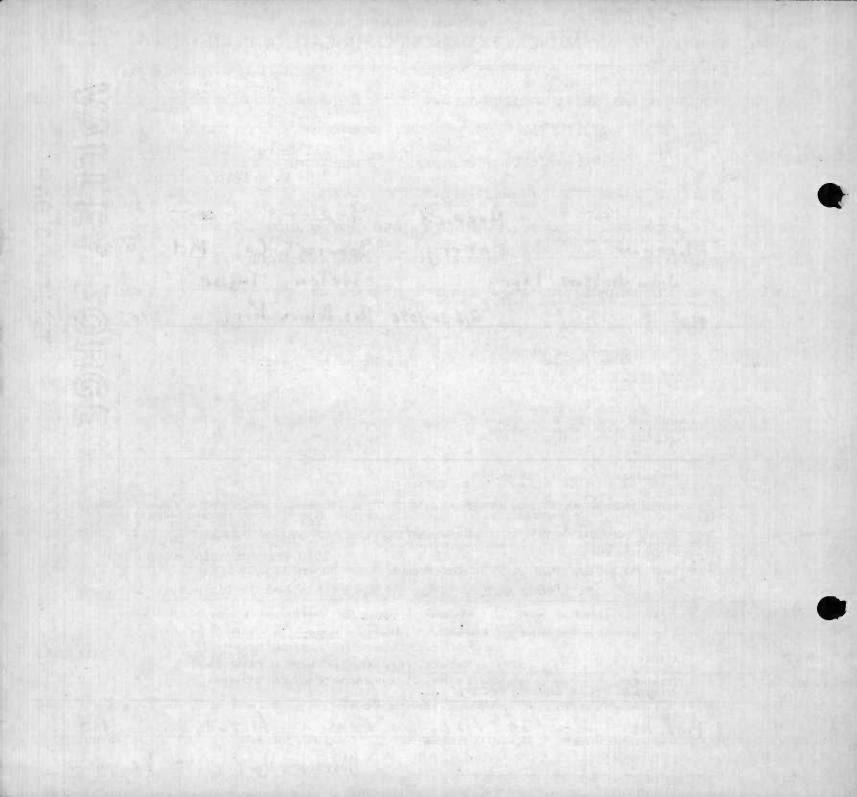
于1521	5	BALTIMORE CI	TY HEALTH DEPARTMENT		oc story
HRTH NO. 66	01917	CERTIFICA	ATE OF DEATH	Registered No	. 66 01917
N.E. CASE NO.				AND HOUR OF DEAT	Н
Type or Print)	Neva	K. Duncan		ruary 18,	
PLACE OF DEATH IN				here deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	oddress or lacot		Maryland	outside city limits, write	9-03 e RURAL and give township)
() Hous	e In Th	e Pines -		If rural, give location)	
		Belvedere	728 Melvi		
SEX 6. RAC	W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH 9/1/1882	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min,
		ork 108. KIND OF BUSINESS OR INDUSTI		reign country)	12. CITIZEN OF
one during most of working Clerk-Reti		Hochschild, Kohn	Baltimore,	Ma	WHAT COUNTRY?
FATHER'S NAME	200	ito olib olil 2 d şitolili	14. MOTHER'S MAIDEN N.		0.0.11.
Edward A.	Schaefe	er	Annie M. L		
. Was Deceased Ever in	n U. S. Armed F		17. INFORMANT	0	50 Ridge Boad.
No No	s, give war ar ac		Mrs Arthur		on Hamden, Conn.
DISEASES OR CO	DEDENT CAUSE ONDITIONS, if we cause (A HOITION last. IT CONDITIONS BUT NOT RE	CONTRIBUTING NOTIFIED TO THE LABOR OF THE LA		ent with	metastaus.
19A. DATE OF OPERA	WAS PI	ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or h		E FINDINGS CONSIDERED
21A. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g.	iff or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	nate City, give exact location)
	h) (Doy) (Yeo	While At Not Will Work At Work	21F. HOW DID IN	IJURY OCCUR?	
that (I) (we) last s	aw the decea				Feb. 18 19 66 pinion death occurred an the de
	the causes st	tated abave. (I) (We) (did) (did nat)	view the bady after death	•	
23A. SIGNATURE	10 Mg	oluon 1 m.o. A	ttending Med. Director	Stolf Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	Lester	N. Kolman M.	23D. ADDRESS 23700 Park H	ghts. Ave	
4A. BURIAL CREMATIO REMOVAL (Specify)	N, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION	City, town, or county) (Stote)
Duntol	2/22/	11 7 0 2 2 2			

6 Loudon Park Baltimore

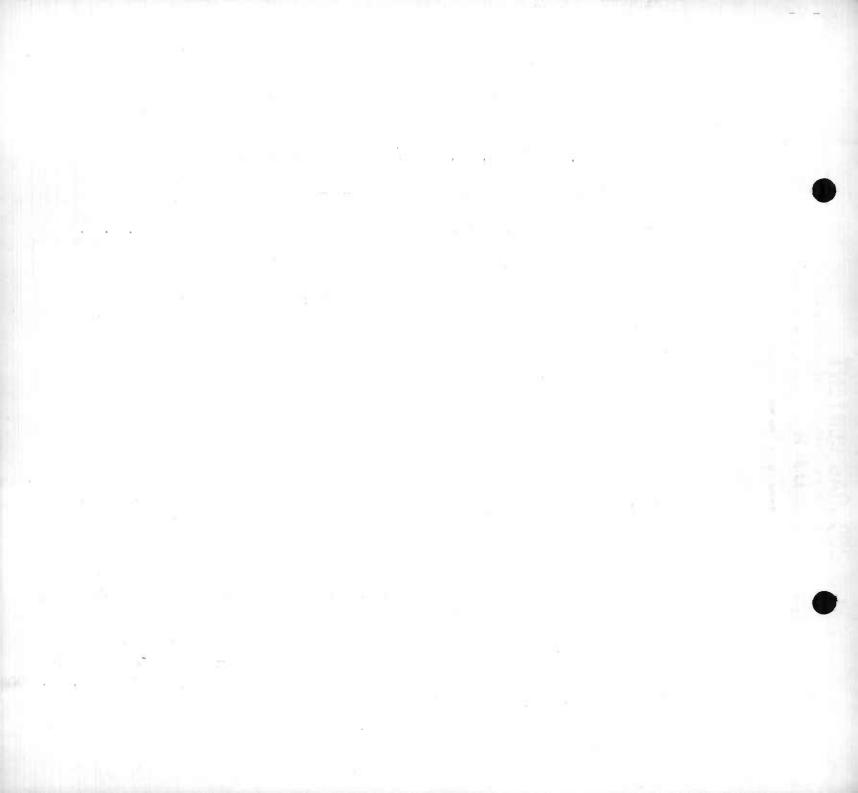
25C. FUNERAL DIRECTOR

H.W. Jenkins & Sons 21 Co.4905 Y 1988 Road Co VS 150-REV. 1/1/65

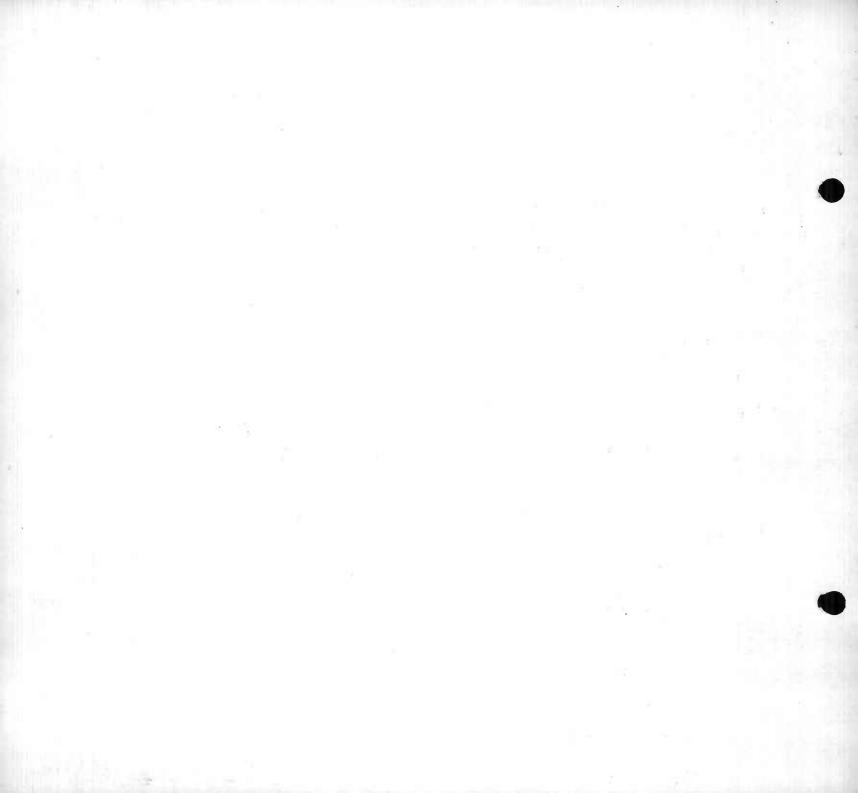


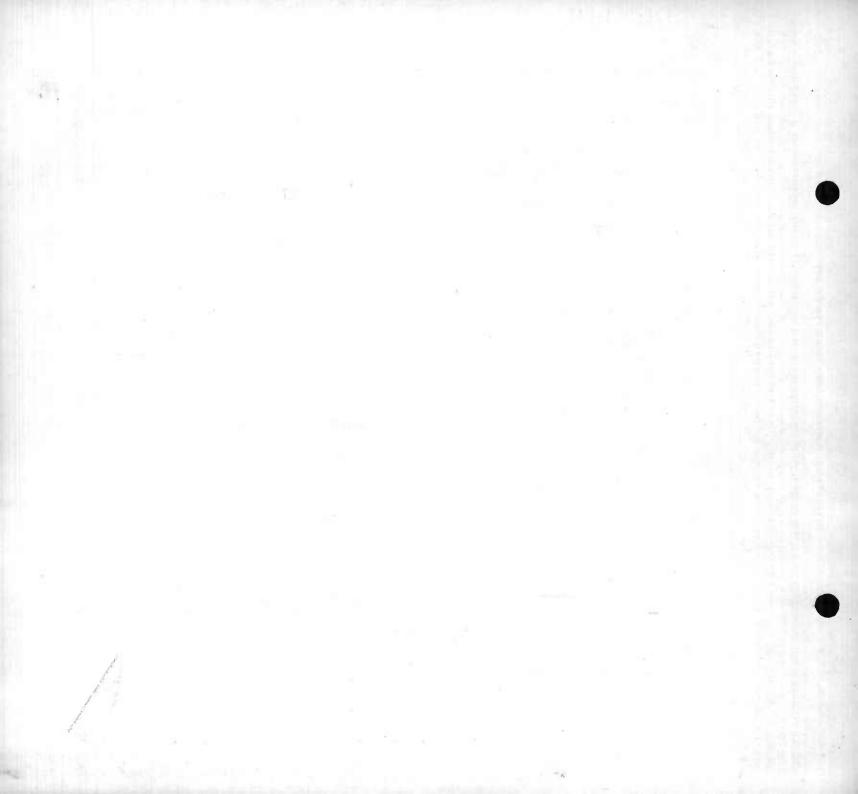


BIRTH M.E.	CASE NO.								The second second) 1 (7) []
NA.	ME OF DECE or Print)	EASED	5 - 0 1	OFE	no of	5	2. D	ATE AND	HOUR OF D	DEATH	1,,,	1130
. PL	ACE OF DEA	TH IN BALTI	MORE, MAI	RYLAND	10000	4	. USUAL RESIDENC	11 -	- 4	ed. If ins	stitution: resi	idence before
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION						MARYLAND BALTIMORE						
					C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
	BAIT	MA	25	CTI	4.50	This	. STREET ADDRESS	(If rure	l, give locoti	ion)	33	au
4	SALT 940 Eas	tern Av	e. Bal	timore	, Md. /2	21204	113 Main S	treet	212	222		
5. SE		6. RACE		WIDOW	D, NEVER MAR		DATE OF BIRTH	9. los	AGE (In year birthdoy)	56	If Under 1 Months D	Yr. If Ur Doys Hours
	SUAL OCCU	Negr			vorced	R INDUSTRY 11	4-20-09 BIRTHPLA CE (Stote	or loreign		90	12. CITIZE	N OF
done	during most of v		en if retired)	STE	RE		Virginia					COUNTRY
13. F/	ATHER'S NAM			010	,	14	. MOTHER'S MAID	EN NAME			10.0	
	Eug	ene	A	dA MS			MARY	Try	ee			
15. W (Yes,	as Deceased	Ever in U. S.	Armed Fore	ces? s of service)	1 6. SOCIAL SECURITO	Y NO.	. INFORMANT					ADDRESS
No	8. 4 46.					CAUSE OF	RECORDS:BC	H 4940	Easte	rn A		21224
- 1	This does not hearl failure, injury ar cam	asthenia, etc	. II meons ich caused	the disease	1,	(B))	religieje vor sjor die dei dei dei diellender voer der des op designiste	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	hearl failure, injury ar cam A DISEASES O ise ta the UNDERLYING	asthenia, etc pplicalian whi ANTECEDEN DR CONDITIO CONDITIO	T CAUSES ONS, il (ause (A) N last.	the disease death.) any, giving stating the), () ()	(B) DUE TO						
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N 534	BALTIMORE CITY	HEALTH DEPARTMENT		00 .400
BIRTH NO. 3 66 (11921)	CERTIFICA	TE OF DEATH	Registered No.	66 111920
M.E. CASE NO. 1. NAME OF DECEASED	. / . / .		OUR OF DEATH -	3
(Type or Print) JUNN KA	NdAll	9/-1/1	6 - 3=	50 p. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	WE.	4. USUAL RESIDENCE (Where de	ceosed lived. If insti	ution: residence before admission)
FULL NAME OF (If not in hospital or institution address or location) INSTITUTION	n, give street	MANY/AND	city limits, write RUI	RAL ond give township)
03204 SeguoIA AL	۹,	D. STREET ADDRESS (If rurol,	give location)	
BALTINO	a, np. 2/2/3	3204 /egu	019 /	TH!
	ED, NEVER MARRIED MED, DIVORCED (specify)		GE (In years birthday)	f Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign c	ountry)	12. CITIZEN OF WHAT COUNTRY?
Chauffuer & market St	All HelpER	MARYLAND		U.S.A.
13. FATHER'S IN AME		14. MOTHER'S MAIDEN NAME		a hope of
MUKNOWN		UNKNO	WN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	Robert mort	N 3204	L Seyyour Ave
118. 331XV 260X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) 13	ronchopnuen	ONIA	14 dry
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea	.g., DUE TO	1 1-10		
injury or complication which coused deoth.) ANTECEDENT CAUSES	(B) FEN	eral Debility		440
DISEASES OR CONDITIONS, if any, givi	ng DUE TO	1 1	0-1/0-	
rise to the obove cause (A) stoling UNDERLYING CONDITION last.		Reprovascular	HOCIDEN	7 4 yrs
_		to hemiple	(13)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE DIPHETES	mellitus, Et	- AMPUTATI	None than 44
198. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes of No) 20	B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore C	ily, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour)	TE INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	2 1 1 1 1 1 1 1 1 1 1 1
Z (A PROOV)	While At Not While Work At Work	• 🗆	,	1
22. I certify that (1) (this hospital) attende	d the deceased from	2/16 196	bto	2/2/ 1966,
that (1) (we) lost saw the deceased alive a	21	17 19 6 6 ond that is	n(my) (our) opinio	on death occurred on the date
and hour and from the causes stated above	. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE PLYM San	nder M.D. All	ending Med. Stoff		2/2//66
23C. PHYSICIAN'S NAME (Type) ELIJAH SA	UNDERS M.O.	3414 DUVA	11 Ave.	Balto un
24A. BURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CR	EMATORY 24D. LOCA	TION (City,	town, or county) (Stote)
BURIBL 2-26-66	STAR CEM	etery Has	down	AA.Co Md.
	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FE8 23 1968 chesul) E. Jawer	MORTON + VY	011-1	701 LAURENS
VS 150-REV. 1/1/65				





IMPORTAN

FUNERAL DIRECTOR:

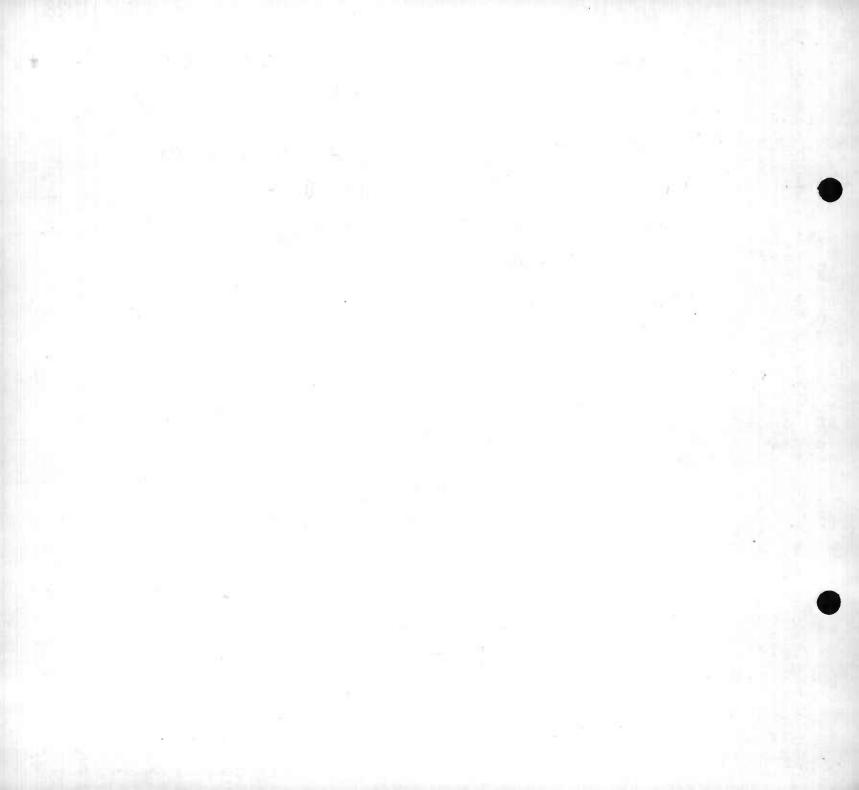
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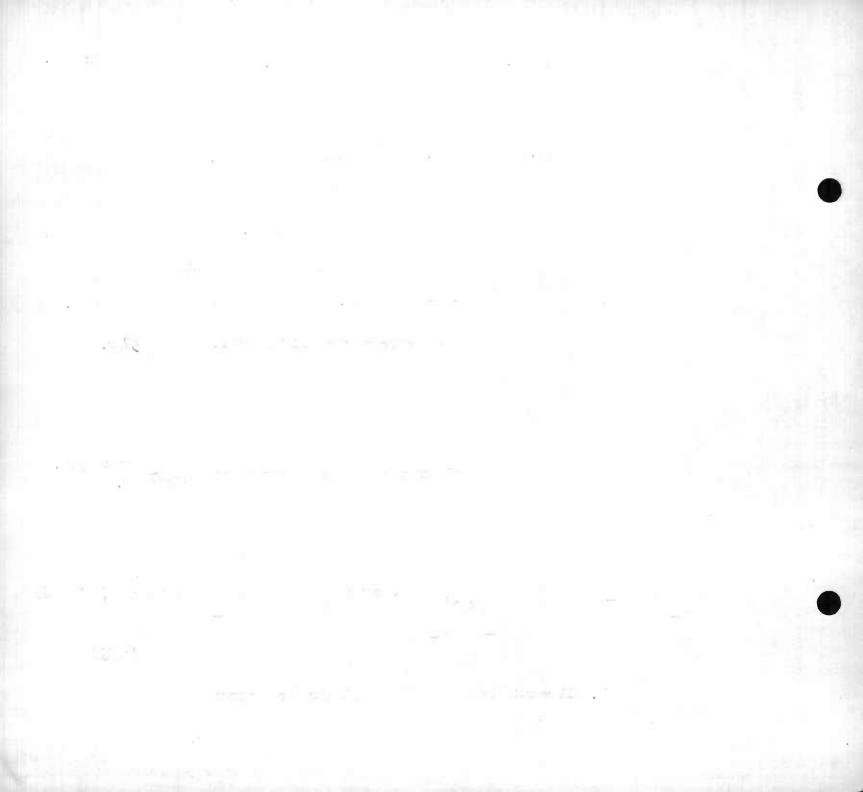
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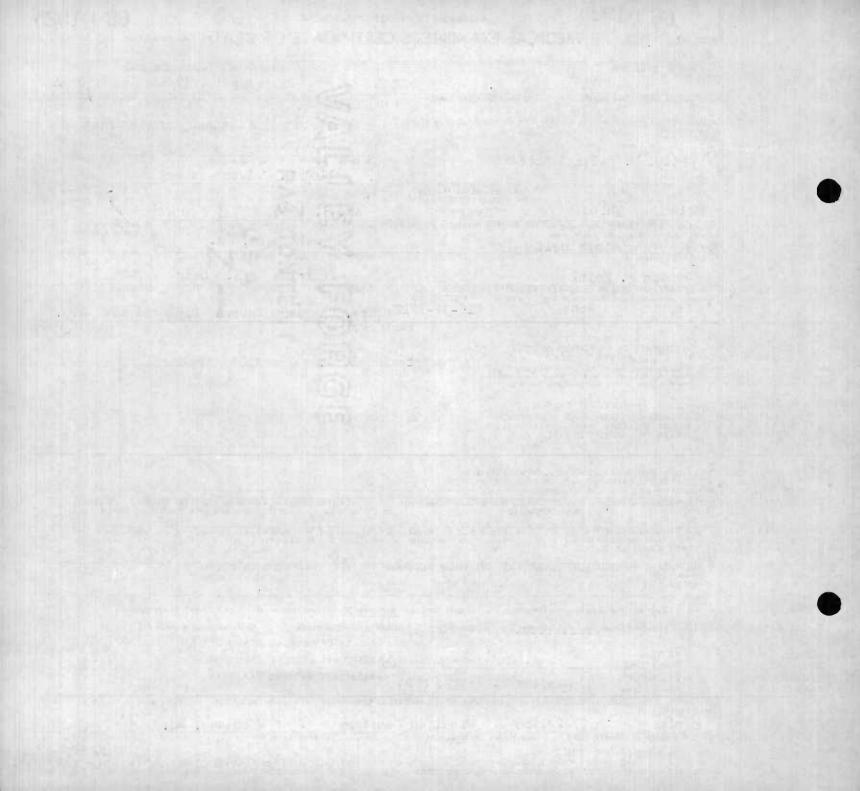
VS 150-REV. 1/1/65



66 ()1924	BALTIMORE C	ITY HEALTH DEPARTMENT		66 01924
BIRTH NO.	CERTIFIC	ATE OF DEATH	Registered Na.	00 01324
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Type or Print) Catherin	e E. Ford	Feb	20, 1966	1:20 A.
B. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE Who	ere deceased lived. If i	nstitution: residence before admis:
FULL NAME OF (If not in hospital DR oddress or location in the control of the con	l or institution, give street on)	Maryland C. CITY OR TOWN (If or		RURAL ond give township)
O Bolton Hill		Baltimore D. STREET ADDRESS (IF	rural, give location)	
Lafayette Av	e. and John St.	941 Homeste	ad St. 1	8
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
Female White	Widowed (specily)	April 25, 1880	lost birthdoy)	Months Doys Hours Mi
OA. USUAL OCCUPATION (Give kind of wo	rk 108. KIND OF BUSINESS OR INDUST			12. CITIZEN OF
done during most of working lite, even if retired) Homemaker		Baltimore, M		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Conrad Sell		Elizabeth	Freeling	
5. Was Deceased Ever in U. S. Armed Fo		17. INFORMANT	riegring	ADDRESS
(Yes, no or unknown) (It yes, give wor or do	les of service) SECURITY NO.	2		
		B Mrs. Howard Mi	tchell 382	
18. 170 X 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	IRECTLY	and make and and all 4 a	hanna de tr	
LEADING TO DEATH		cinoma of right	oreast	5/yrs
(This does not mean the mode o heart failure, asthenia, etc. II mean				
injury or compfication which couse				
ANTECEDENT CAUSE	S B)			
DISEASES OR CONDITIONS, if	DUE TD			
rise to the obove cause (A)				0.00
UNDERLYING CONDITION fast.	9894-0000	**************************************		
11				
DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			severl yrs.
TO THE DEATH BUT NOT REL	it. pulmonary	emphysema & gener	ralized arte	roote .
19A. DATE OF OPERATION 198. CO		20A. AUTOPSY? IYes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED
WAS PE	KLOKIA(ED	NO	IN CERTIFIENG CA	AUSES OF DEATH!
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)		g., in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Bollimo	re City, give exact location)
<u>o</u>		015		
OF INJURY (Month) (Doy) (Year)		21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not V	Vhile Ork		
22. I certify that (I) (this hospita			1960 to Feb	ruary 20 1966
de (1) (a) to	2/20/	66		
that (1) (we) last sow the deceas	sed alive an -/-	19and ti	hat in (m <u>y</u>) (aur) ap	finion death accurred on the
and haur and from the couses sta	ated above. <u>(</u> I) (We) (di <u>d)</u> (did nat	t) view the bady after death.		
23A. SIGNATURE	1 -00			238. DATE SIGNED
19 8 10 cm	1. Cools M.D.	Attending A Med.	Stoff	2/21/66
23C. PHYSICIAN'S	77	Phys. Director 23D- ADDRESS	Phys.	
NAME (Type)	wanth Cook			
E. ELLS	worth Cook M.	.b. 2431 Maryland	Avenue	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of	CREMATORY 24D.	LOCATION (C	City, town, or county) (St
Burial 2/23/1	1066 Palls			
-//-	1966 Baltimore Cem		altimore, Ma	aryland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	Beach, m.
LEE 23 1900	M. Start C. Starting MA	Win L. Ves	mer LSo	no north LPG
/S 150-REV. 1/1/65				



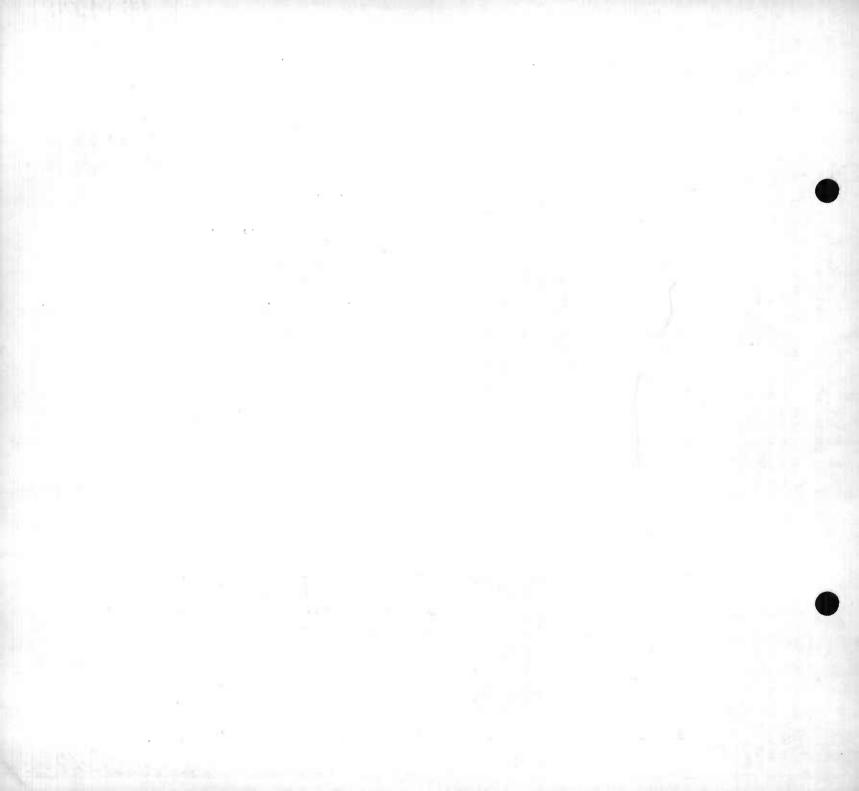
BIRTH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICA	TE OF	DEATH Registe	red Na	() 1	0~0
M.E. CASE NO.									
1. NAME OF DECE	GORDON	Ε.	MEIN	L	1	ary 19, 1966		9:00	Α
3. PLACE IN BALTIM	ORE, MARYLAND, W			4. USUAL RESID	1 .	deceased lived. If inst	itution: resider	nce before	odmission
			15-21		yland	B. COL			
HOSPITAL OR	ADDRESS OR LOCA	TION)	JIION, GIVE STREET	C. CITY OR TO	WN (If outsid	e corporate limits, write	BURAL ond	give Jown	ship)
INSTITUTION				Bal:	timore	/	1-6	//	
1101 N	. Calvert S	treet		D. STREET ADD	RESS (If rurol,	give location)			
				110	1 N. Ca	lvert Street			
5. SEX 6.	RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years	If Under I Months, De		
Male	White		vorced	Jan. 3,	1906	60		1	1
IOA. USUAL OCCUP.	ATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreig	gn country)	12. CITIZEN	OF COUNTRY	2
	rking life, even if retired) andiser sel:			Ba	altimore	e, Md.	WHAI	COUNTRI	ī
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAM	E			- 1
Joseph	A. Meinl			Kathe	rine	E. Lehr			
15. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	4.2		ADDRESS		
No	None None	s of service	216-32-7212	Mme Clas	ranga D	awson 219 E	het Lal	ra Arre	
1B.	A			OF DEATH	ence be	awson cr/		TERVAL	
4 20	12 4 1		CAO 3.	or birth				NSET AN	
	OR CONDITION DI		Amtori	ocalorati	o Woort	Disease.			
(This does not	meon the mode of sthenio, etc. It meons	dying, e.g.,	DUE TO	OSCIETOLI	L near L	Discase.			000000000000000000000000000000000000000
injury or comp	licotion which coused	deoth.)							
AN	TECENDENT CAUSE	S							
	CONDITIONS, IF A		DUE TO		••••••••	•••••		***************************************	
	ABOVE CAUSE (A) ST CONDITION LAST.	IAIING INE							
8			(C)				•••••		
OTHER SIGNII	II FICANT CONDITIONS	CONTRIBUTU	NG.				POST!		
O THE D	EATH BUT NOT REI	LATED TO T					G 3 9 H		
F	CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FIL	NDINGS CON	SIDERED	
8	WAS PER			Yes		IN CERTIFYING CAU		LI2	es
ZIA. EXTERNAL		218.	PLACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID	(If in Boltimore City, gi	ve exoct loca	ntion)	
UTING CAUSE	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJUR	r OCCUR?				
7	Month) (Doy) (Year	r) (Hour) 2	TE. INJURY OCCURRED	21 F. H	ILINI DID WO	IDY OCCUP?			
OF INJURY	widinin (Doy) (Teol			WHILE	011 010 1113	JKI GCCGK.			
		m. \	VORK AT W	ORK					
22. I certif	y that I held an I	nquiry 🗌	Inspection Au	tapsy 🗴 an	d that an th	is basis, death in n	ny apinian		
resulte	d fram: Natural ca	uses X	ccident Suicid	e Hamici	ide 🗌 📗	Undetermined mann	er 🗌		
			11			AMINER [LOVET
ACTUAL	DE (0/	a. C. J	Foir 40	ASSISTANT M	EDICAL EX	CAMINER X		DATE S	
EXAMINE	nic .	7 0	1	ASSOCIATE M			2	2/19/6	O
NAME (Ty	. Inar	les S.	Petty, M.D.						
23A. BURIAL CREM. REMOVAL (Specify)	ATION, 23B. DATE	23	C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City,	, town, or cou	inty)	(Stote)
Burial	2/22/1	1966	Woodlawn Cer	me terv	Wo	odlawn, Md.			
24A. DATE REC'D B'			OF REGISTRAR		AL DIRECTOR		AD	DRESS A	6 1.
FF	B 23 1965	10	E. Co.J. M.A	1,	11.	6 ,	80	Ball	b. Ho
1 100	O H O IOOO	G M Sand		Wm.	1. Ve	mend	ongo	nort	hat
VS 151-REV. 1/1/65				14 10 10 10 10	5 10 6 12				1



IMPORTANT

DIRECTOR:

FUNERAL



B. 200	66 01927 BIRTH NO. MEDICAL EXAMINER'S (CERTIFICATE OF DEATH Registered No. 66 01927				
	1. NAME OF DECEASED (Type or Print) JOHN FREDERICK BUSCH	2. Date and your pronounced dead February 15, 1966, 10:30 P				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admission B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
0	2717 Parkwood Ave.	D. STREET ADDRESS (If rurol, give location) 2717 Parkwood Ave.				
	male 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Divorced	9. AGE (In years lost birthday) Oct. 18, 1898 9. AGE (In years lost birthday) Months: Days Hours Min.				
	DA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUST dane during most of working life, even if retired) Parker - Race Track 13. FATHERS NAME	Baltimore, Md.				
	William Busch	Bertha				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na arunknawn) (If yes, give war or dates af service) 16. SOCIAL SECURITY NO.	Mrs. Martha Rudy 8514 Chestnut Oak Rd.				
	(This does not mean the mode of dying, e.g., hort foilure, estenio, etc., It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CONTRACTOR OF THE CONDITIONS CONTRIBUTING TO THE DEATH BUIL NOT RELATED TO THE	riosclerotic cardiovascular disease				
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	UTING CAUSE OF DEATH.	office bldg., INJURY OCCUR?				
	21 D TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED WHILE AT NOT WORK AT	T WHILE WORK				
	resulted from: Notural causes X Accident Suici	ond that on this basis, death in my opinion ide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER 2-16-66				
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	72.11				
	Burial 2/21/1966 Western Cem 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR FEB 23 1965 C. J.	24C. FUNERAL DIRECTOR ADDRESS				

BALTIMORE CITY HEALTH DEPARTMENT	66 ()1928
BIRTH NO. 66 01928 CERTIFICATE OF DEATH Registered N	
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEAT	ru
(Type or Print) Stewart John Lyon 18 Feb. 1966	1 5.15 D
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II	finalitation residence below admission
A. STATE B. COUNTY	I I I I I I
FULL NAME OF (If not in hospital or institution, give street)	11-02
HOSPITAL OR oddress or locotion) C. CITY OR YOWN (ff outside city limits, wri	te RUKAL and give township)
Paltor	
UNIVERSITY HOSPITAL 18 Fact Madison Street	,
To have madison believe	2
6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE/(In years widowed, DIVORCED (specify)	Months Doys Hours Min.
Male Cau, Never Married 28 dec 1921 44	
0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Broker Carolina	11-5.4
3. FATHER'S NAME	9.01.11.
5. Was Deceased Ever in/U. S. Armed Forces? 16. SOCIAL 17. INFORMANT / SECURITY NO.	ADDRESS
No Hospital Records	
18. // / / CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) Congestive Heart failur	3
(This does not meen the mode of dying, e.g., DUE TO // / - FT / 1 // /	
Injuly of complication which coosed deani.	2
ANTECEDENT CAUSES (B) Khenmat & Valvular.	118085
DISEASES OR CONDITIONS, if any, giving	Ch'a'caa
rise to the above cause (A) stating the (C)	uffici Ency
UNDERLYING CONDITION IOSI.	//
, II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
X Y P	
OR CONTRIBUTION CALLER OF Them from from stook office bldg INCHES OCCUPY	nore City, give exact location)
DEATH (notify medical examiner)	
21D. TIME (Month) (Day) (Year) (Hour) 21E IN HIRY OCCURRED 21E HOW DID IN HIRY OCCUR?	
OF INJURY (APPROX) While At Not While	
22 careify that (IV(this hospital) extended the decorated from 17 EDIUMIU 10 60 to	18 February 11.
12. I certify that (1) this hospitally griended the deceased fall	19 69
that (1) (we) lost saw the deceased alive on 18 FEBRUARY 19 66/ and that in (my) (aur)	opinion death accurred on the dat
and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body ofter death.	
23A. SIGNATURE	23B. DATE SIGNED
M.D. Attending Med. Stoff Phys. Director Phys.	18 tab 66
23C. PHYSICIAN'S 23D. ADDRESS	
	ryland Hospital
0.300	
44. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
Removal 2/19/66 Oakdale Washington	N.C.
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
FEB 23 1965 B. B. S. Stadent & Mon V. Tickyon a Con	Thathey Po Ones
/S 150-REV. 1/1/65	Mount da aves



IMPORTAN

FUNERAL DIRECTOR:

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Averes real

VS 150-REV. 1/1/65

If Under 24 Hrs.

Haurs

21224

INTERVAL BETWEEN

ONSET AND DEATH

WHAT COUNTRY?

ADDRESS

Spare There was a fire and the Provided a continue -Leple - Kays BALTIMORE CITY HEALTH DEPARTMENT

1 V

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	1-00-1	16/2			TE OF DEATH	Registered No.	6 (1933
	CASE NO.	66 111933		CERTIFICA	TE OF DEATH		
	AME OF DEC	efferson, Mauri	u Edo	ward		MM , 2-12, 1960	. M.
3. F		ATH IN BALTIMORE, MA	RYLAND			ere deceosed lived. If institu	ion esidence before odmission)
	ULL NAME O	F (If not in hospitot	or institution	a, give sticet	mil	1	5-00
l F	NSTITUTION	oddress or location)		C. CITY OR TOWN (If o	utside city limits, write RUR,	AL and give township)
id	11120	. Memorial	He	spital	D. STREET ADDRESS (III	Trurol, give location)	
10	00400	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/	200 asses	itte St (1)	t1
5. S	EX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years I If lost birthday)	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min.
	male	negro			1/22 /66	20 DAV	1-5
		UPATION (Sive kind of work working life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	13. BIRTHPLACE (State or for	eign country)	2. CITIZEN OF WHAT COUNTRY?
					margen	1	United States
13.	FATHER'S NA		1	4.516	14. MOTHER'S MAIDEN NA		70 (01)
		LORENZO			ELRIS	A JERF	
15. Yes	Was Deceased , no oi unknown	(If yes, give wor or dote	ces? s of service	SECURITY NO.	Elyida Ja	House 200	address and ST
-	1B.	3.01	100	CAUSE O	The state of the s	1	ONSET AND DEATH
	DISEA	SE OR CONDITION DIR	ECTLY	Pa	2112200	Colulan	OHSEL MAD DEATH
	This does i	LEADING TO DEATH	dying, e.g	g., DUE TO	acomo ria	-) 111/	
		asthenia, etc. It means		е,		Cur	
		ANTECEDENT CAUSES		(B)	990 2990 990 0900 H H H WOOD H H H H 24 H 74 H 00 O D W 7 H H W H H H		
		OR CONDITIONS, IF		ng			
		e above cause (A) G CONDITION last.	stating It	1e (C)		004000000000000000000000000000000000000	
L		11					
TION	TO THE D	FICANT CONDITIONS C	TED TO				IN FAULE TO BE
4			DITION FOI	R WHICH OPERATION	20A. AUTOPSY? (V)s or N		DINGS CONSIDERED
ERTIFIC	2	WAS PERI	FORMED			IN CERTIFYING CAUSE	S OF DEATH?
AL CE	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicot exominer	h	18. PLACE OF INJURY (e.g., i ome, loim, foctory, street, o ttc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore Ci	ty, give exoct location)
EDIC	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 2	1E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
S	(APPROX.)			White At Not Whi			
	22, I certify	that (1) (this haspital) attended	I the deceased from	2-10, 1.15 AM	19 66 10 2-19	8.50 PM 19 66.
	that (1) (we)	lost sow the decease	d olive or	2-17.8.50	Ph 19 66 and t	hat in (my) (our) opinion	n death occurred on the date
	-				view the body ofter death	_	
	23A. SIGNAT		0 0	n		23	8. DATE SIGNED
1		Parmy	L	Gronm.D. Att		Stoff Phys.	
E	23C. PHYSICIA NAME (1		比	KWON M.D.	23D. ADDRESS	Uzion Men	awiel Hosp.
24/	BURIAL CRE	MATION, 24B. DATE	24C.	NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (City.	town, or county) (State)
-	REMOVAL	40 Fetan	166 C	mr (alm	my Come 1	La Coun	tes med.
254	DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. EUNERAL DIRECTO	OR 117	ADDRESS
	FEE	3 2 3 1965 (R)	Pass	(Salberta)	Milling	o Elle Res	4/129/1 (Medias)
VS	150-REV. 1/1/	65					

THERE MAPS and the second second second MINISTER CLEAR CHARLES WINDS

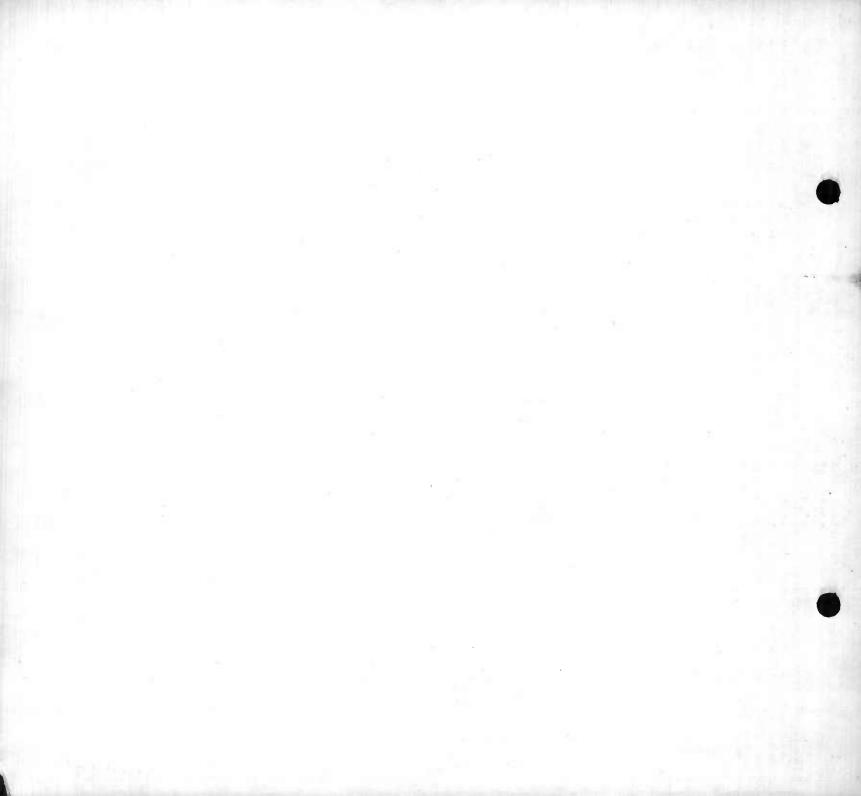
Frank E Frank . He steen More and a

BIRTH NO.	66 0	1.00.4	TE OF DEATH	Registered N	6 01934
M.E CASE NO.	CEASED		2. DATE A	ND HOUR OF DEA	тн
(Type or Print)	BURKE.	FRANCIS M.	FER	RUARY 21,	1966 9.40
	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceased lived. I	I institution; residence before admiss
FULL NAME OF HOSPITAL OR	OF (If not in hospital oddress or location	or institution, give street		outside city limits, wri	te RURAL and give township)
La			PIKESVILLE		63-00
0	SI. AGNE	S HOSPITAL	D. STREET ADDRESS (1)	F rurol, give locotion)	
MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	12-2-98	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Months: Doys Hours Min
OA. USUAL OCC	UPATION (Give kind of work	108 KIND OF ETSINE SCOR ING OTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?
TREE	XPERT	SCIENTIFIC PLANT	MASS.		WHAT COUNTRY?
3. FATHER'S NA	ME	<u> </u>	14. MOTHER'S MAIDEN NA	AME	
MICHAE	L		NORA WALS	SH	
5. Was Decease (es, no or unknow	d Ever in U. S. Armed Form	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NONE	, , , ,	1 28-18-788	ST. AGNES H	OSPITAL F	RECORDS #29
OTHER SIGN TO THE CONTRACTOR	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) is condition lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Stoting The (C) ONTRIBUTING TED TO THE			
19A. DATE O	F OPERATION 198. CON WAS PERI	DITION FOR WHICH OPERATION TO THE CORMED	20A. AUTOPSY? (Yes or N	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltin	nore City, give exact location?
21D. TIME	(Month) (Doy) (Year)		21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Not Whi			
22. I certify	y that (1) (this hospital		TRALLIA F	19 66 to F	EBRUARY 21 19
that (I) (we) lost saw the decease	attended the deceased from FI delive an FEBRUARY 2	19 66 and 1		opinion deoth occurred on the
		ed obove. (1) (We) (did) (did not)			
23A. SIGN AT	1 1 1	11			23B, DATE SIGNED
del	laund 1	Ashirang M.D. Att	ending Med. Director	Staff Phys.	2-21-66
23C. PHYSICI NAME (ANS Typel J. Agn	PICELE M.D.	ST. AGNES HO	SP:CATON	& WILKENS AVE.#
BURIAL CR	EMATION. 248. BATE (Specify) 2-23-	66 Lake View	EMATORY 240.	COCATION PL	(City, town, or county) (Sto
5A. DATE REC'	3 1966 P. Ose, A	258 NAME OF REGISTRAR	2SC FUNERAL DIRECTO	Hurell	Planis Of & J
/S 150-REV. 1/1.	10000		Pa. Philips	trust?	Minorita 1

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written games value abtained before the remains are embalmed or final disposition is made.
OR: I	iner or	acture	prono	ular at	mbalm
DIRECT	al exam	; (3) A fr	ian who	s in reg	Inc Ora
RAL D	f medica	y burns	physici	ian was	a remai
FUNE	he chie	(2) Bod	re the	physic	fore th
	ed by t	ature; (pt whe	% (9)	ad hear
	approv	f any n	exce)); and	no obta
	least be	idento	hospita	o death	must
	Ficate m	An acc	A. at a	prior t	DAGGE
	is certif	(I) :5MO	15 D.O.	ceased	in netti
	는수	sh	3	0	3

66 (1193)	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH Registered No. 66 11935
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH / 15
(Type or Print) At VI Alan Com	3.11.11/11/11/11
3. PLACE OF DEATH IN CALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. II institution; residence before admissi
1	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location)	
INSTITUTION	0
	D. STREET ADDRESS (If rayol, give logotion)
Mary Custo (Sugar)	V Hornby 3: - Strophole Hup
5. SEX ARACE 7. MARRIED, NI	EVER MARRIED // 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, 11 Under 24 I
WIDOWED,	DIVORCED (Specific Annual State of Birth State of Birth State of State of Birth State of Stat
No Ma	Mas (1.13.11 34
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BU	USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Herisewill	Mary land USH
13. FATHER'S NAME O// DE AMERICA	14. MOTHERS MAIDEN TAME
To compression	Taylor Edith Wolly
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL 17. INFORMANT / ADDRESS
(Yes, no or unknown) (II yes, give wor or dates of service)	SECURITY NO.
NO	: Hospila cum
18. 42011 I	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE ON CONDITION DIRECTLY LEADING TO DEATH	Canto Mum dia Valuation & land
(This does not mean the mode at dying, e.g.,	Them Myourness or que non 3 years
heort foilure, osthenio, etc. 11 meons the diseose,	
injury ar camplication which caused death.)	HXCVN /
ANTECEDENT CAUSES	DUE TO
DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stating the	(0)
UNDERLYING CONDITION lost.	(C)
ll .	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WH WAS PERFORMED	AICH OPERATION 20A. AUTORSYN (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O P	
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., in or about 21C. WHERE DID lorm, loctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
	NJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While Work	Al Not While At Work
1	2/3//
22. I certify that () (this hospital) attended the	
that (I) (we) last saw the deceased alive an	2 19 CG and that in (my) (ab) apinion death accurred an the
and haur and from the causes stated above. (1) (
23A. SIGNATURE	23B, DATE SIGNED
1 Mudeus VII	M.D. Attending Med. Director Phys. Phys. 2.16.66
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	M.D.
24A, BURIAL CREMATION, 24B, DATE 24C, NAM	AE of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stot
REMOVAL (Specify)	1 2 4
DUVIAL 2-17-66 fat	he Velle Mistrunter Pike.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	
FE: 23 1965 P.O. J. F. E. J.	June H. Mewell, Jekewille 8
VS 150-REV. 1/1/65	-111

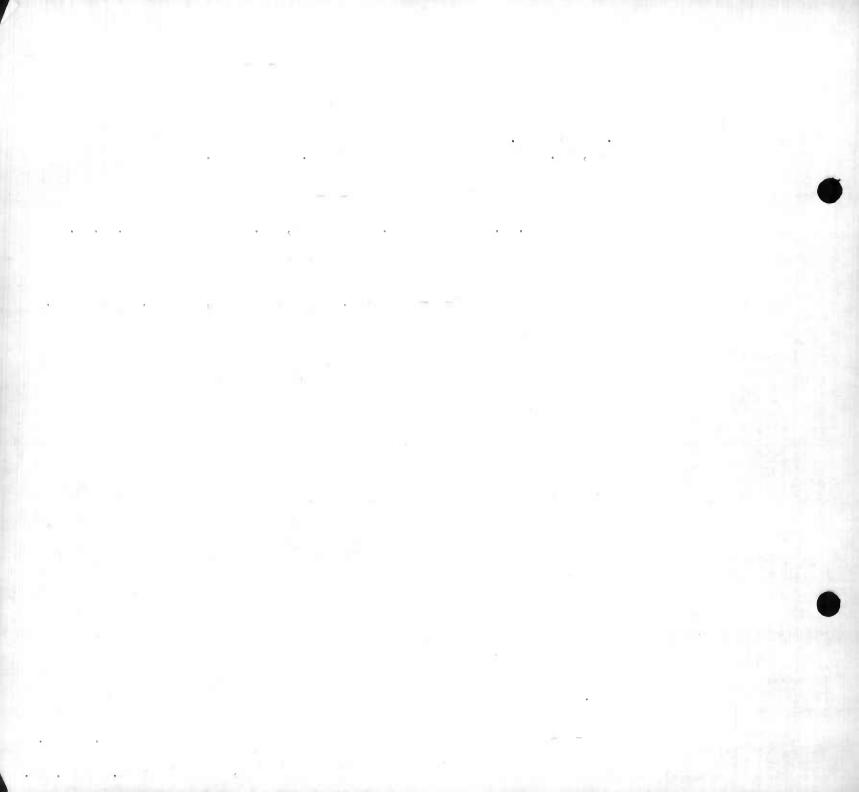


			BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	66 01	936	CERTIFICA	TE OF DEATH	Registered Na	· CC ()1020	
M.E. CASE NO.				2. DATE	AND HOUR OF DEATH	4pp 11139p	
Type or Print)	(John Bu	11 / IT	ohn Gemmill	Bull	7-21-1	a (a 1)	
B. PLACE OF D	EATH IN BALTIMORE, MA		OIII GOILLIAL	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)	
				A, STATE B. CD	JNIT 1	2 -11	
FULL NAME HDSPITAL DE			give street	C. CITY OF TOWN (IF	outside city limits write	RURAL and give township)	
INSTITUTION					Ltimore	S NORNE ONG GIVE TOWNSHIP)	
/ Ilmi	on Memorial	Vocnite			If rural, give location)		
OUT	on memor rat	uospr 08	1				
5. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
			D, DIVORCED (specily)		lost birthdoy)	Months Doys Hours Min.	
Male	White			Nov.21,1899	66	12. CITIZEN OF	
	ol working life, even if retired)	TOOL KIND O	OCSINESS OF INDUSTRI			WHAT COUNTRY?	
Automo	bile Repairs	Auto	mobile	Baltimore, Co.	. Ed.	U.S.A.	
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME		
CIA	RENCE ELMER BU	JLL		NELLIE GEM	MILL		
5. Wos Deceose	d Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
res, no or unknov	vn) (II yes, give wor or dote	es of service)	SECURITY NO.				
NO			212-10-7188		longa. 3406	Beech Ave. Balto. M	
18.	OXI		CAUSE O	F DEATH		ONSET AND DEATH	
DISE	ASE OR CONDITION DIE LEADING TO DEATH	RECTLY					
(This does		dvina ea	(A) Acute	coronary insu	fficiency	1 hour	
heart failure	heart failure, asthenia, etc. It means the disease,						
injury at co	injury or complication which coused death.)				nary sclerosis 3 ye		
	ANTECEDENT CAUSES		DUE TD		2000 0 dae 0 da va a s vannya mannya nyangga		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) Diabetes mellitus							
	NG CONDITION last.	stating the	(C) D18	neres merriras			
	- 11						
OTHER SIG	NIFICANT CONDITIONS C						
OTHER SIGN	DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO TH	1E				
	F OPERATION 198 CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED	
19A. DATE C	WAS PER	FORMED		no	IN CERTIFING C	AUSES OF DEATH?	
U 21 A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	(It in Boltimo	ore City, give exact location)	
DEATH (noti	ly medical examiner)	etc	.)	mice stage, hydria occok:			
21D. TIME	(Month) (Doy) (Year)	(Hour) 218	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?		
OF INJURY			hile At 🖂 Not Whil				
(APPRDA)		Wo	ork At Work				
22. I certif	y that (I) (this the apt to	dttended t	the deceased from 193	4		21-66 19	
that (1) (49) last saw the decease	ed olive on.	2-9-66	19 and	that in (my) (ggr) as	pinion death occurred on the date	
and have a	nd fram the causes sta	ted abave. (1) (We) (stint) (distribution	the bady after deat	. Did not		
23A. SIGNAT					240 220 0	23B. DATE SIGNED	
6	111 10	a ho		ending Med.	Stoff	2 27 66	
23C. PHYSIC	IANS	elf Z	Phy	s. Director 23D. ADDRESS	Phy s.	2-21-66	
NAME	(Туре)						
	C.W. Peal		M.D.		Road, Baltin	nore, Md. 21214	
4A. BURIAL CI		6 24C.N	AME of CEMETERY of CR	EMATORY 24D.	LOCATION	City, town, or county) (State)	
BURTA	10070		INE GROVE	F	AYVILLE BA	LTO. CO. MD.	
200102	D BY HEALTH DEPT.		OF REGISTRAR	25C. EUNERAL DIRECT	· ·	ADDRESS ₇	
FER	23 1966 (2.0)	かと、	tables MA 0	Cha B &	(new 301	(Planielle	
/S 150-REV. 1/1	70/12-			- Hanse	· Proper	1 Victoria	

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	00 04	0217	BALTIMORE CITY	HEALTH DEPARTMENT		00 04000
BIRTH NO.	66 01	397	CERTIFICA	TE OF DEATH	Registered Na	66 01937
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH	H
Type or Print)	JAMES ORVI	TIE MOD	TON		20-66	2:30 P
PLACE OF D	EATH IN BALTIMORE, MA		ION	4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution: residence before admission
				A, STATE B. CO	DUNTY	73-17
FULL NAME HOSPITAL OF		l ar institution, on)	give street	Maryland	auteida city limite wite	RURAL and give township)
INSTITUTION					ouside city minits, write	KOKAL and give tawnship!
) 15	541 S. Charles	s St.		D. STREET ADDRESS	(If rural, give location)	
Ba	altimore, Md.	21230		1541 S. Char	rles St.	
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr. Months Doys Hours Min.
16-1-	Tuffe of the se		D, DIVORCED (specify)	7 7 7 7 7 7 7 7	last birthdoyl	Manths Days Hours Min.
Male A. USUAL OC	White CUPATION (Give kind of wo	rk 10B. KIND OI	ried F Business OR INDUSTRY	1-15-1913 11. BIRTHPLACE (State or I	53 fareign country)	12, CITIZEN OF
	of working life, even if retired)		g			WHAT COUNTRY?
Shipping		C. E.	Stevens Bros.	Baltimore, Mo		U. S. A.
3. FATHER'S NA				14. MOTHER'S MAIDEN		
Clarer	nce Norton			Hildegarde	Rowan	
Was Decease	ed Ever in U. S. Armed Fo	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,			Mrs Margaret	Nonton 154	l S. Charles St.
1B. /	1.7		CAUSE O		Morcon, 1545	INTERVAL BETWEEN
DISE	ASE OR CONDITION D	IDECTI V		- 0		ONSET AND DEATH
01327	LEADING TO DEATH		(Ca of le	ing for	2 sr.
	not mean the made a		DUE TO	1		
	e, asthenia, etc. It mean Implication which cause		e-	7 6	1	
	ANTECEDENT CAUSE	S	(B)	relaces	ca pura	
DISEASES	OR CONDITIONS, if	any, giving	DUE TO	usur is l	Carlole	
rise ta t	he abave cause (A)		(C)	0		
UNDERLYIN	IG CONDITION lost.					
,	Ш					
OTHER SIGN TO THE DISEASE OF	NIFICANT CONDITIONS OF	CONTRIBUTIN ATED TO TH	G IE			
DISEASE OF	R CONDITION CAUSING	tT.		T20 A ALLEGRAVA (V.	N-1 000 45 455 455	
A A.		REORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes of		E FINDINGS CONSIDERED AUSES OF DEATH?
A.	ENT WAS UNDERLYING	2 210	BLACE OF INTURY	ar about 21 C. WHERE DID	116 :- P-16	
OR CONTRI	BUTING CAUSE OF	hom	ne, farm, factory, street, of	fice bidg., INJURY OCCUR	?	are City, give exact location)
)	fy medical examiner	etc.				
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED		INJURY OCCUR?	
(APPROX)		Wh	ile At Work	e 🗍		
22	y that (1) (this hospite			25	19 64 to /	Feb. 19 1066
			10 1 1	10 66		
	a) last saw the deceas					plnion death accurred on the da
		ated above. (I) (We) (did) (did got) v	iew the bady after deat	th.	
23A. SION AT	mulo V. &	3 acor		/	e. "	2/2//CC
Via			M.D. Atte	ending Med. Director	Staff Phys.	2/2//6
23C. PHYSICI	AN'S			23D. ADDRESS	-1.1	Lane
THE STATE OF	Dr. Romu	alo Goco	M.D.	35-00 /-	-ways	Beltimin Ma
4A. BURIAL CR	REMATION, 248, DATE	24C. N.	AME of CEMETERY OF CRE	MATORY 24D	LOCATION (City, tawn, or county) (State)
REMOVAL	0		0 11 1 2 5			
Burial	D BY HEALTH DEPT.		Cathedral Cem	25C, FUNERAL DIRECT	4300 Old Fred	derick Rd. Balto.29
TTO A	an that An		a Bouth			
1 1 10	3 1200 (1Ch	DC. V	Troasa,	Flynn & Flen	ning, 1422 Li	ght St. Balto, Md.
S 150-REV. 1/1	/65			9 74	4	



HOTE							
HELL	H NO. 66	0193	38	CERTIFICA	TE OF DEATH	Registered No	66 (11938
	AME OF DECEASED	TIOU	70			ID HOUR OF DEAT	u
	MERRITT	r ,	HERBE	ERT Rober	et	7-22-	66 9:15 A
	ULL NAME OF (If no lospital or oddro	ATI	F A A	IENDED	4. USUAL RESIDENCE (Who A, STATE B, COUN C. CITY OR TOWN (If our	ITY	11-00
IN	NSTITUTION			2-28-66	BALTIMO		e RURAL and give township)
L	UTHERAN	HOSP	. OF M	MRYLAND	D. STREET ADDRESS III	rurol, give location)	E
5. SE	EX 6. RACE			NEVER MARRIED		9. AGE (In yoors	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
43	MC	,	M	ARRIED ARRIED	8-13-1913	lost birthdoyl	
-	USUAL OCCUPATION (Give during most of working life, even				11. BIRTH ACE (5 e or fore)	ign cou n	12, CITIZEN OF WHAT COUNTRY?
K	ABORER		BEIL	Ehra SICEL	MAGOLIA,	N.C.	USA
3. F	FATHER'S NAME	200			14. MOTHERS MAIDEN NA	ME	
	DANIEL M	ERRIT	7		MELISSA L	BRINSON	
5. V	Vos Deceased Ever in U. S	. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT	-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS
es,	no or unknown) (If yes, give	wor or dote	s of sorvice)	SECURITY NO.	A		
_	140			243-18-2281		VIFE)	ZAME
	18.33/XI			CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CON		RECTLY		1 0 .	0	
	LEADING 1			(A) (erebro - Vast	ular	
	(This does not mean the heart failure, asthenia, et			DUE TO	anniko. 1		4
	injury or complication wh						
- 1	many or compared and	nich causea	death.)	C	il i		
	ANTECEDEN			(B) <u>Se</u>	archo-vace assistant, nere Hyp	certence	4x
	ANTECEDEN	IT CAUSES		(B) Se	nere Agy	certeur	/A
	ANTECEDEN DISEASES OR CONDIT	IT CAUSES	any, giving	DUE TO	were Hyp	certeur	(A
	ANTECEDEN	IT CAUSES TIONS, if o	any, giving	(B) Se DUE TO	nere Ayp	cerseus	(A
-	ANTECEDEN DISEASES OR CONDITION rise to the obove of UNDERLYING CONDITION II OTHER SIGNIFICANT CON	IT CAUSES FIONS, if a cause (A) DN last. NOITIONS C	any, giving stating the	(C)	nere flys	cerfeuu	la l
ATION	ANTECEDEN DISEASES OR CONDITION rise to the above of UNDERLYING CONDITION OTHER SIGNIFICANT COT TO THE DEATH BUT DISEASE OR CONDITION	TONS, if cause (A) ON last. NOT RELA CAUSING I	any, giving stating the CONTRIBUTIN TED TO TH	(C)			
ATION	ANTECEDEN DISEASES OR CONDITI rise to the obove of UNDERLYING CONDITION OTHER SIGNIFICANT CONTO THE DEATH BUT	TONS, if cause (A) ON last. NOT RELA CAUSING I	any, giving stating the ONTRIBUTIN TO THE TO THE TO THE TOTAL	(C)			E FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION	ANTECEDEN DISEASES OR CONDITION rise to the above of UNDERLYING CONDITION OTHER SIGNIFICANT COT TO THE DEATH BUT DISEASE OR CONDITION	TOAUSES TIONS, if cause (A) ON last. NOT RELA CAUSING I 1798. CON WAS PERF	any, giving stating the CONTRIBUTIN ATTED TO THE TOTAL TO THE TOTAL TOTA	G WHICH OPERATION PLACE OF INJURY (e.g., i		208. IF YES, WER	
EDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITION rise to the obove of UNDERLYING CONDITION OTHER SIGNIFICANT COT TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CADEATH (notify medicol exo	TOAUSES TIONS, if cause (A) ON last. NOT RELA CAUSING I 1798. CON WAS PERF	any, giving stating the CONTRIBUTIN TED TO THE TOTAL T	G E WHICH OPERATION PLACE OF INJURY (e.g., i lorm, loctory, street, o) INJURY OCCURRED	20A. AUTOPSY? (Yes or No No n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITION TISE to the obove of UNDERLYING CONDITION OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CADEATH (notily medical exo	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I 19B. CON WAS PERF DERLYING USE OF	ONTRIBUTION FOR TO THE TOTAL THE	OUE TO (C) G E WHICH OPERATION PLACE OF INJURY (e.g., in the property of	20A. AUTOPSY? (Yes or No NO n or obout 21C. WHERE DID Injury Occur?	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITI rise to the obove of UNDERLYING CONDITION OTHER SIGNIFICANT COT TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CADEATH (notily medicol exo of INJURY (APPROX.)	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I 19B. CON WAS PERF USE OF minor) Ooy) (Yeor)	any, giving stating the CONTRIBUTIN TED TO THE TOTAL T	G E WHICH OPERATION PLACE OF INJURY (e.g., i ree, lorm, loctory, street, o) INJURY OCCURRED Ile At Not Whil	20A. AUTOPSY? (Yes or No NO n or obout 21C. WHERE DID lifice bidg., INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITI rise to the obove or UNDERLYING CONDITION OTHER SIGNIFICANT COI TO THE DEATH BUT DISEASE OR CONDITION 19A-DATE OF OPERATION 21A, ACCIDENT WAS UN OR CONTRIBUTING ADEATH (notily medicol exo 21D. TIME (Month) (EOF INJURY (APPROX.) 22. I certify that (1) (th	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 198. CON WAS PERF DERLYING USE OF minor) (Year)	any, giving stating the CONTRIBUTION STEED TO THE T. IDITION FOR STEED S	OUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., i re, lorm, loctory, street, o lile At Not While At Work he deceosed from he deceosed	20A. AUTOPSY? (Yes or No	OF 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH? OTE City, give exact location) 2 - 22 19 EE
MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITI rise to the obove of UNDERLYING CONDITION OTHER SIGNIFICANT COT TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CADEATH (notily medicol exo of INJURY (APPROX.)	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 198. CON WAS PERF DERLYING USE OF minor) (Year)	any, giving stating the CONTRIBUTION STEED TO THE T. IDITION FOR STEED S	OUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., i re, lorm, loctory, street, o lile At Not While At Work he deceosed from he deceosed	20A. AUTOPSY? (Yes or No	OF 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITION TISE to the obove or UNDERLYING CONDITION OTHER SIGNIFICANT COLOTO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CADEATH (notily medicol exo of INJURY (APPROX.) 22. I certify that (1) (!h) that (1) (we) lost saw the contribution of the con	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 19B. CON WAS PERF DERLYING USE OF minor) Ooy) (Year)	any, giving stating the CONTRIBUTIN ITED TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL TO	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., i e.g., o e.g., lorm, loctory, street, o e.g.) INJURY OCCURRED ille At	20A. AUTOPSY? (Yes or No No or obout 21 C. WHERE DID lice bldg., INJURY OCCUR? 21F. HOW DID INJ	OF 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH? OTE City, give exact location) 2 - 22 19 EE
MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITION TISE to the obove or UNDERLYING CONDITION OTHER SIGNIFICANT COLOTO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION OR CONTRIBUTING CADEATH (notily medicol exo of INJURY (APPROX.) 22. I certify that (1) (!h.) that (1) (we) lost saw the condition of the color of the col	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 19B. CON WAS PERF DERLYING USE OF minor) Ooy) (Year)	any, giving stating the CONTRIBUTIN ITED TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL TO	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., i e.g., o e.g., lorm, loctory, street, o e.g.) INJURY OCCURRED ille At	20A. AUTOPSY? (Yes or No	OF 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH? OTE City, give exact location) 2 - 22 19 EE
MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITI rise to the obove or UNDERLYING CONDITION OTHER SIGNIFICANT CONTINUES TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notily medicol exo 21D. TIME (Month) (E OF INJURY (APPROX.) 22. I certify that (1) (th that (1) (we) lost saw the	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 19B. CON WAS PERF DERLYING USE OF minor) Ooy) (Year)	any, giving stating the CONTRIBUTIN ITED TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL TO	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., i re, lorm, loctory, street, o re) INJURY OCCURRED ile At Not While At Work he deceosed from (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No	URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 2 - 22 19 10 pinian death occurred on the do
MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITI rise to the obove of UNDERLYING CONDITION OTHER SIGNIFICANT COINT TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CAN CONTRIBUTION CAN CAN CAN CAN CAN CAN CAN CAN CAN CA	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 19B. CON WAS PERF DERLYING USE OF minor) Ooy) (Year)	any, giving stating the CONTRIBUTIN ITED TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL TO	DUE TO (C) G E WHICH OPERATION PLACE OF INJURY(e.g., in the control of the c	20A. AUTOPSY? (Yes or No	20B. IF YES, WER IN CERTIFYING COUR! (II in Boltim URY OCCUR!	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 2 - 22 19 10 pinian death occurred on the do
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MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITION IT IS TO THE OBOVE TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notily medicol exo of injury (APPROX.) 22. I certify that (I) (!h) that (I) (we) lost saw that and hour and from the case of the c	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 19B. CON WAS PERF DERLYING USE OF minor) Ooy) (Year)	any, giving stating the CONTRIBUTIN ITED TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL TO	DUE TO (C) G E WHICH OPERATION PLACE OF INJURY(e.g., in the control of the c	20A. AUTOPSY? (Yes or No	URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 2 - 22 19 10 pinian death occurred on the do
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MEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITION TISE to the obove or UNDERLYING CONDITION OTHER SIGNIFICANT CONTOUR TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CADEATH (notily medicol exo of injury (APPROX.) 22. I certify that (1) (the that (1) (we) lost saw that the call of injury (APPROX.) 23C. PHYSICIAN'S NAME (Typo)	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 19B. CON WAS PERF DERLYING USE OF minor) is hospital he deceose causes stat	any, giving stating the CONTRIBUTIN ITED TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL TO	DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (e.g., i e., lorm, loctory, street, o e.) INJURY OCCURRED ile At Not Whit At Work he deceosed from (We) (did) (did not) M.D. Attr. Phy	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID flice bldg., INJURY OCCUR? 21F. HOW DID INJ le	208. IF YES, WER IN CERTIFYING COUR? (II in Boltim URY OCCUR? 19 Lef. to	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location? 2 - 27 - 19 EE pinion death occurred on the do 23B, DATE SIGNED 2 - 23 - 66 OF MARY LAW
WEDICAL CERTIFICATION	ANTECEDEN DISEASES OR CONDITI rise to the obove of UNDERLYING CONDITION OTHER SIGNIFICANT CONTOURS TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN OR CONTRIBUTING CADEATH (notily medicol exo of INJURY (APPROX.) 22. I certify that (I) (the operation of Injury (APPROX.) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo) TAHLIA BURIAL CREMATION, REMOVAL (Specily)	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 19B. CON WAS PERF DERLYING USE OF minor) is hospital he deceose causes stat	any, giving stating the CONTRIBUTIN ITED TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL TO	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the local control of the local con	20A. AUTOPSY? (Yes or No	208. IF YES, WER IN CERTIFYING COUR? (II in Boltim URY OCCUR? 19 Lef. to	E FINDINGS CONSIDERED CAUSES OF DEATH? OTE City, give exact location) 2 - 22 19 EE Pinian death occurred on the do 23B, DATE SIGNED 2 - 23 - 66 OF MARYLAN (City, town, or county) (State) ALTO (3), Md
WEDICAL CERTIFICATION	ANTECEDENT rise to the obove of UNDERLYING CONDITION UNDERLYING CONDITION THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION OR CONTRIBUTING CA DEATH (notily medical exa 21D. TIME (Month) (E OF INJURY (APPROX.) 22. I certify that (I) (th that (I) (we) lost saw the and hour and from the ce 23A. SIGNATURE DALLA 23C. PHYSICIAN'S NAME (Typo) THE DEATH A BURIAL CREMATION, [24]	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 19B. CON WAS PERF DERLYING USE OF minor) is hospital he deceose causes stat	any, giving stating the CONTRIBUTIN ITED TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL TO	DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (e.g., i e., lorm, loctory, street, o e.) INJURY OCCURRED ile At Not Whit At Work he deceosed from (We) (did) (did not) M.D. Attr. Phy	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID flice bldg., INJURY OCCUR? 21F. HOW DID INJ le	208. IF YES, WER IN CERTIFYING COUR? (II in Boltim URY OCCUR? 19 Lef. to	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location? 2 - 27 - 19 EE pinion death occurred on the do 23B, DATE SIGNED 2 - 23 - 66 OF MARY LAW
MEDICAL CERTIFICATION	ANTECEDENT rise to the obove of UNDERLYING CONDITION UNDERLYING CONDITION THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION OR CONTRIBUTING CA DEATH (notily medical exa 21D. TIME (Month) (E OF INJURY (APPROX.) 22. I certify that (I) (th that (I) (we) lost saw the and hour and from the ce 23A. SIGNATURE DALLA 23C. PHYSICIAN'S NAME (Typo) THE DEATH A BURIAL CREMATION, [24]	IT CAUSES FIONS, if cause (A) ON last. NOT RELA CAUSING I' 19B. CON WAS PERF DERLYING USE OF minor) is hospital he deceose causes stat	any, giving stating the CONTRIBUTIN ITED TO THE TO THE TO THE TO THE TOTAL TO THE TOTAL TO	DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (e.g., i e., lorm, loctory, street, o e.) INJURY OCCURRED ile At Not Whit At Work he deceosed from (We) (did) (did not) M.D. Attr. Phy	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID flice bldg., INJURY OCCUR? 21F. HOW DID INJ le	208. IF YES, WER IN CERTIFYING COUR? (II in Boltim URY OCCUR? 19 Lef. to	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 2 - 2 - 19 E pinian death occurred on the 23B. DATE SIGNED 2 - 23 - 61 OF MARYLA

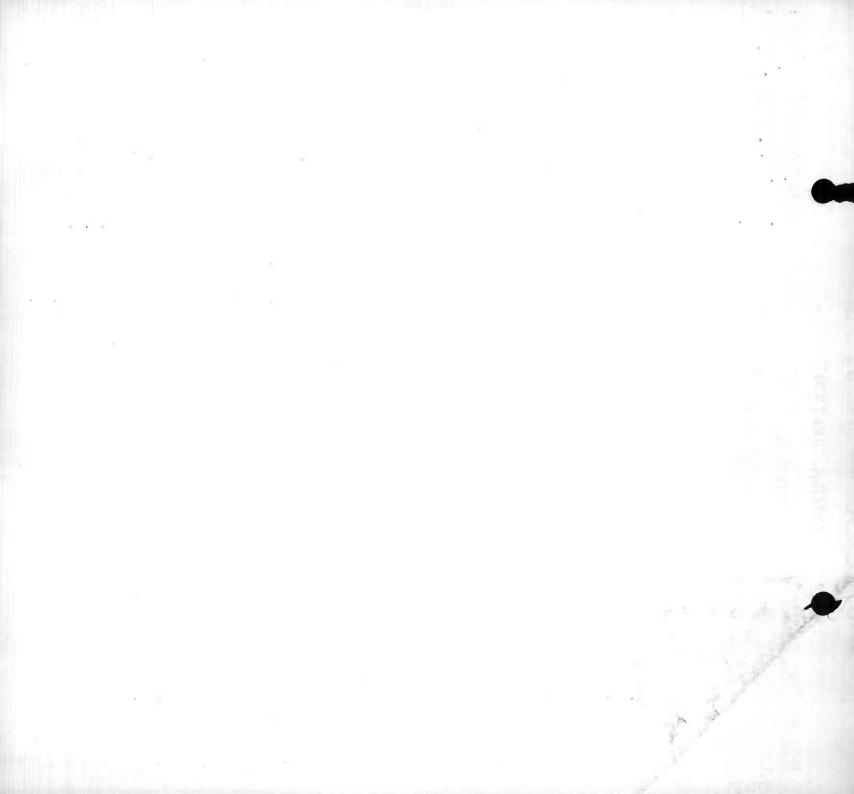
	H NO. . CASE NO.		1939 CERTIFICA	TE OF DEATH	Registered No.	·
Тур	e or Print)				AND HOUR OF DEATH	
) a		roctor, Rober		Febr	uary 20, 1966	6 11:20 P
F	ULL NAME OF HOSPITAL OR NSTITUTION		institution, give street	Maryland c. cir or fown (1) Baltimore	YTAL	RURAL and give township)
/		Baltimore,		1735 Carey S		
. s	FX		. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
_	Male	Negro	Married (specify)	3-8-82	lost hinhday)	Months Doys Hours Min.
	during most of w Ret. Te		Balto.Public	Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3.	FATHER'S NAM	31		14. MOTHER'S MAIDEN N	AME	
		J. Proctor		Francis	Edwards	
yes	, no or unknown)	Ever in U. S. Armed Force (If yes, give wor or dates	of service) 16. SOCIAL SECURITY NO. 219-12-6042	Mary Hughe	s Proctor-	1735 N. Sarey
CERTIFICATION	heart failure, of injury or comp A DISEASES O rise to the UNDERLYING OTHER SIGNIFT TO THE DE	at mean the made of asthenia, etc. It means I plication which coused a NTECEDENT CAUSES R CONDITIONS, if or above cause (A) a CONDITION lost. Il plicant conditions CO ATH BUT NOT RELATIONDITION CAUSING IT.	(B) DUE TO Try, giving stating the IC)	ERIOSCHEROTI ENERALIZED I	ARTERIOSCHER	લહ
RTIFIC	19A. DATE OF	OPERATION 198. COND	TION FOR WHICH OPERATION	NO	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21A. ACCIDEN OR CONTRIBU	T WAS UNDERLYING	21B. PLACE OF INJURY le.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID	Itf in Boltimore	e City, give exact location)
CAL	DEATH Inotify	medical examinei)	etc.)			
MEDICAL	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED White At	21F. HOW DID II		
MEDICAL	21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	medical examine) (Month) Day Year) that (I) (this hospital) last saw the deceased from the causes state	white At Not White At Work attended the deceased from Fe olive on February 20.	21F. HOW DID IF	19 66 to Febru	nion deoth occurred on the c
MEDICAL	21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and how and 23A. SIGNATUR 23C. PHYSICIAN NAME IT	thot (I) (this hospital) last saw the deceased from the couses state that L TS pe) L BAN	(Hour) 21 E. INJURY OCCURRED White At	21F. HOW DID IN 21F. H	1966 to Februthat in (my) (our) api	23B. DATE SIGNED February 20, 196
MEDICAL	21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and how and now and	thot (I) (this hospital) last saw the deceased from the couses state (B) (A) (A) (A) (A) (A) (A) (A)	etc.) (Hour) 21E. INJURY OCCURRED White A1	21F. HOW DID II And Division EMATORY 21F. HOW DID II And Division 24D.	Street.	rion deoth occurred on the december 23B, DATE SIGNED February 20, 196 Col 2/2/7



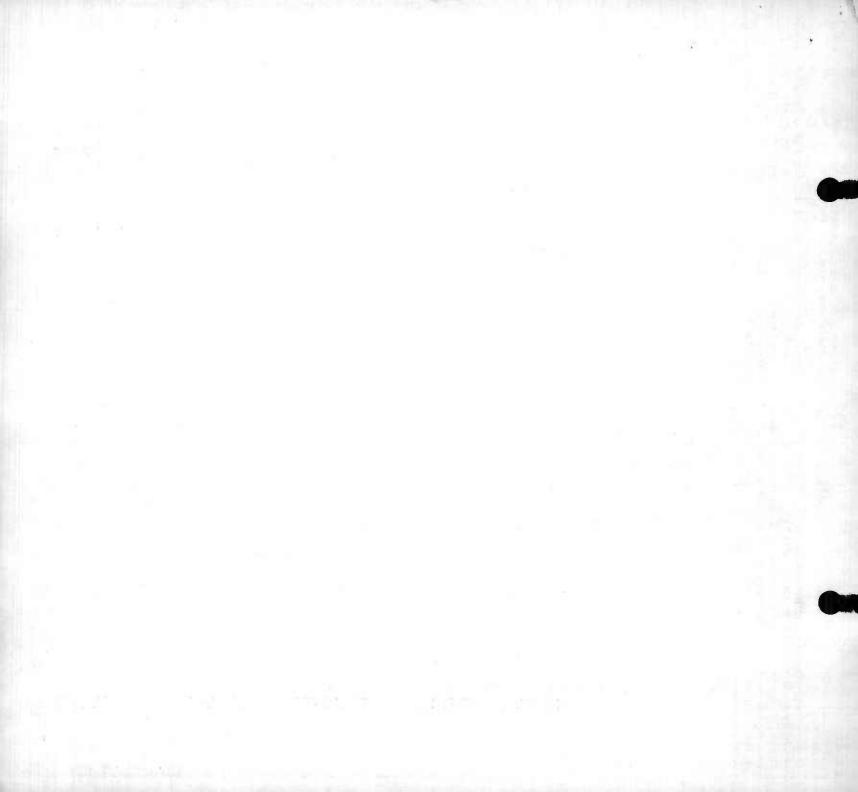
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

The terms of the state of the s



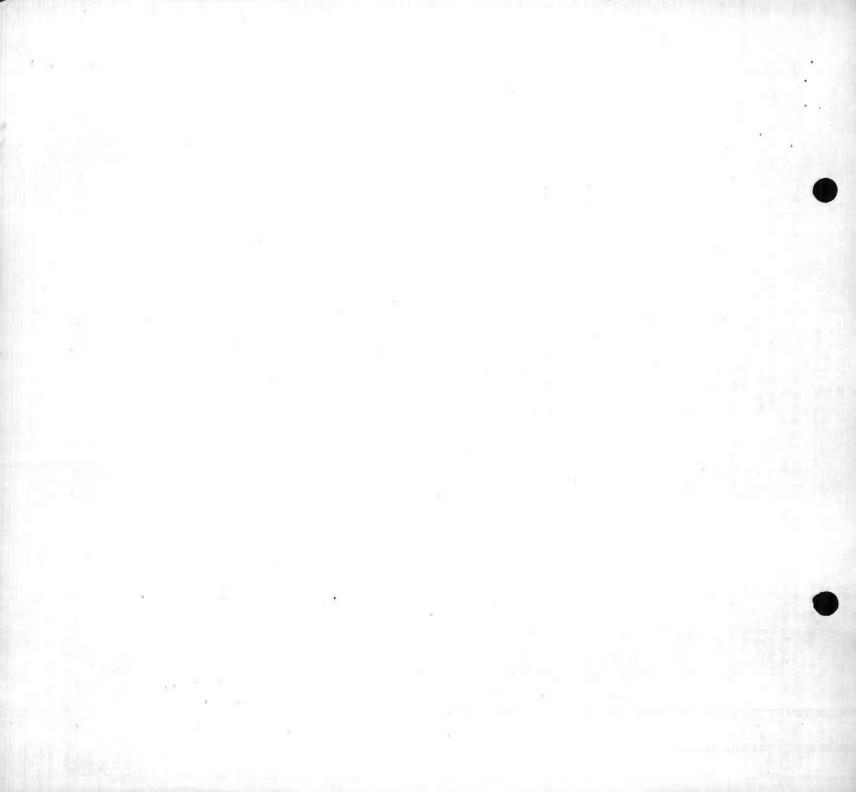
BALTIMORE CITY	Y HEALTH DEPARTMENT							
BIRTH NO. 266 01943 CERTIFICA	TE OF DEATH Registered Na (66 11943							
M.E. CASE NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH							
(Type or Pan) James Robertson								
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2-20-66 10:30PM M.							
FULL NAME OF (If not in hospital ar institution, give street	A. STATE 8. COUNTY Maryland							
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside ity limits, write RURAL and give township)							
Saint Agnes Hospital	Baltimore of							
Caton Wilkens Avenue	D. STREET ADDRESS (If rufol, give location)							
	4238 VOGT AVENUE							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.							
male white Married (specify)	6-20-1894 71							
done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Retired	Southand U. S. 60 yrs							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Caberlan	Margaret							
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown)[(If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT 17301/ ADDRESS							
(Nes, no or unknown) (It yes, give wor or doles of service) SECURITY NO.	5 wife- Mary Robertson Fogt, Clue							
TIB. CAUSE O	OF DEATH VINTERVAL BETWEEN							
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH							
LEADING TO DEATH	He /leich Mf							
This does not mean the made of dying, e.g., DUE TO								
injury or camplication which caused death.)	heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.)							
ANTECEDENT CAUSES (B) CW	as will be							
DISEASES OR CONDITIONS, if any, giving	Que made experial							
rise to the above cause (A) stating the (C)	accorder Lagrange							
UNDERLYING CONDITION iosi,								
Z OTHER SIGNISIONAL CONDITIONS CONTRIBUTING								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Control of the Contro							
DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?							
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)							
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examiner)	office bidg., INJURY OCCUR?							
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
OF INJURY								
(APPROX.) Work At Work								
22. I certify that (I) (this hospital) attended the deceased fram	1 FEBRUARY 1966 to 21 FEBRUARY 1966							
that (I) (we) last saw the deceased alive an 21 FEBRUAR	(Y 19 66 and that in(my) (aur) apinion death accurred on the date							
and have and from the causes stated above. (I) (We) (did) (did nat)	view the bady after death.							
23A. SIGNATURE	23B. DATE SIGNED							
figury Coulding MOV M.D. AH	tending Med. Stoff 2-21-66							
23 C. PHYSICIAN'S	23D. ADDRESS							
NAME (Type) M.D.								
MIGUEL A HEREDIA	ST AGNES HOSPITAL - CATON & WILKINS AV							
REAMOVAL (Specify)	3 L B.O a M. O							
Durice + 1410 1000. 11	at talko. 29 ma							
25A. DATE REC'D BY HEALTH/DEPT. 25B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR ADDRESS (10							
LES CO 1200 OF PORT F. LONGWING U	With VIN 4101 Gamondson							
VS 150-REV. 1/1/65								





BALTIMORE	CITY HE	ALTH DEP	ARTMENT

		BALTIMORE CITY F	EALTH DEPARTMENT		
M.E. CASE NO. 66 LU	945	CERTIFICAT	E OF DEATH	Registered Na.	6 (11945
1. NAME OF DECEASED	1 00	11	2. DATE AN	D HOUR OF DEATH	/
3. PLACE OF DEATH IN BALTIMOR	E MARYLAND	- Cu	USUAL RESIDENCE (When	e deceosed lived If ins	titution; residence before odmission)
			A. STATE B. COUN	TY	6-14
FULL NAME OF (If not in he HOSPITAL OR address or INSTITUTION	ospital or institution, give str lacation)			side city limits, write R	URAL ond give township)
1 415 We	strate	Rd.	Backo-	- 2-9	
TIS VILLE	ory -		STREET ADDRESS (II)	rural, give location)	2 Rd
5. SEX 7 6. RACE,	7. MARRIED, NEVER	R MARRIED 8.	DAJE OF BIRTH	9. AGE (In years	If Under 1 Yr, . If Under 24 Hrs.
M W.	WIDGWED, DIVE	TILL (Specify)	lec, 2, 19,14	last birthdoy1/6/	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind dang during hast at working lite, even if r		ESS OR INDUSTRY	. BIRTHPLACE (State of farei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Sales manag	er fresto.	Copper	Breto	· md	usa
13. FATHER'S NAME	1 Paint	- 150	MOTHER'S MAIDEN NAM	ME /	0
Wmiti Jua	nd		mary	-t. UK	arney
15. Was Deceased Ever in U. S. Am (Yes, no at anknown) (II yes, give war	or dotes of service)	CURITY NO.	INFORMANT	7 0	ADDRESS
110	2/3-	-01-865	2/No, ch	ace M.	ward
DISEASE OR CONDITION	N DIRECTLY	CAUSE OF	DEATH /		ONSET AND DEATH
LEADING TO D		(A) Carci	noma of Esopha	gus	2 yrs.
(This does not mean the mo heart failure, osthenia, etc. It	meons the diseose,	DUE TO			nn mm mil
injury ar complication which c		(8)			
DISEASES OR CONDITIONS		DUE TO		100 100 100 100 100 100 100 100 100 100	0000 0 000 0 000 0 000 0 000 0 000 0 000 0 000 0 0
lise to the obove cause	(A) slating the	(C)			
UNDERLYING CONDITION IS	sl.				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO THE				
U 19A, DATE OF OPERATION 19E	CONDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE C DEATH (notify medical examines)	21 B. PLACE hame, larm etc.)	OF INJURY (e.g., in a foctory, street, offic	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
21 D. TIME (Month) (Day) OF INJURY	(Year) (Haur) 21E INJUR	RY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Wark	Nat While At Wark			
22. I certify that (1) (this to	spite() ottended the dec	eased from	Aug. 1	9 51 to Fe	b. 19 66
that (1) (Ne) last sow the de					ion death occurred on the dat
and hour and from the cause	s stoted obove. (1) (WS)	(did) (did not) vie	w the body ofter death.		
23A. SIGNATURE	0	14.5		C. A	238. DATE SIGNED
MA	Man		Med. Director	Stafl Phys.	2/21/66
NAME (Type)	J. Gaver			Hill Ave.,	
24A. BURIAL CREMATION, 24B. DA		CEAAFTERY on CREA	Baltimor		town or anistal (Sr.)
REMOVAL (Specify)	1/ // / Zac. Name of	CEMETERY or CREM	240. 15	DEATION (City	7 (State)
25A. DATE REC'D BY HEALTH DEPT	125B. NAME OF YEG	STRAR	25C. FUNERAL DIRECTOR	20001	ADDRESS (A)
EEB 23 1986	Robert E. To	Josep Holl	Wester	The 4101	Edmondoon
VS 150-REV. 1/1/65			0		



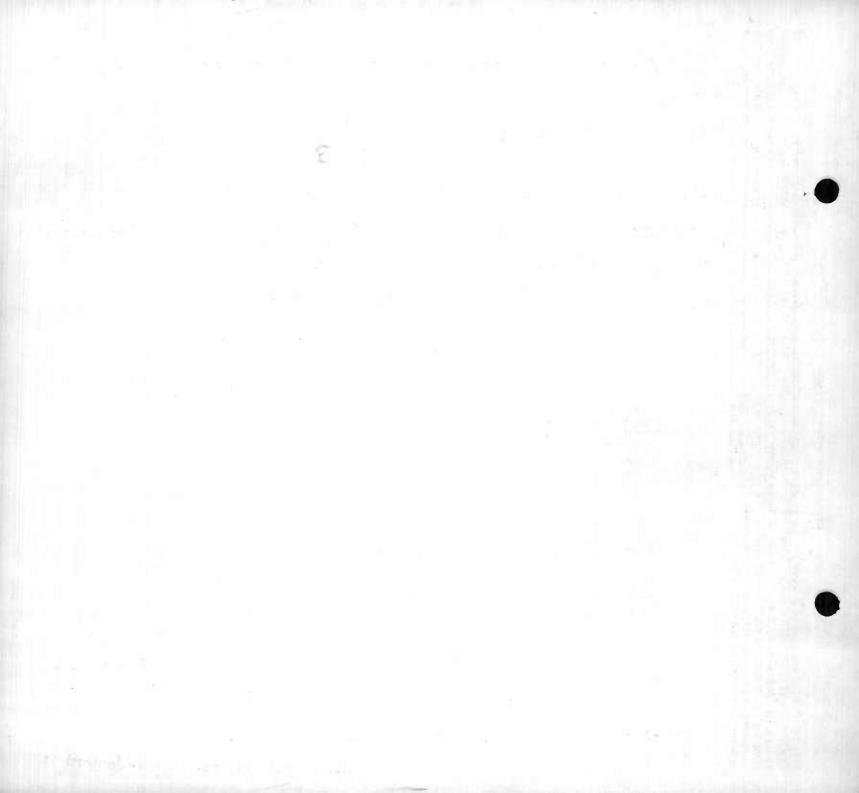
IMPORTANT

DIRECTOR:

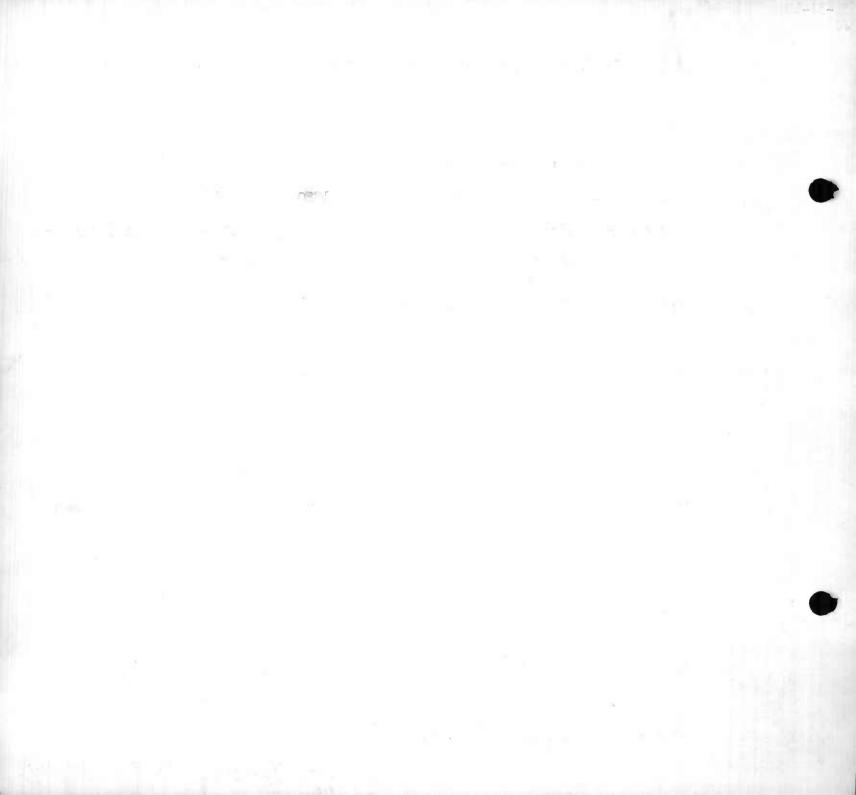
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



32-31-10	BALTIMORE CITY HEALTH DEPARTMENT	01047
J proor	BIRTH NO. 66 11947 CERTIFICATE OF DEATH Registered No. 66	01347
deat deat n th Suc	1. NAME OF DECEASED (Type or Print) ROYE Mary L ROHE 2. Date and Hour of Death 2/2/1/66	2 50
pital of de Decea	3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution	/ / M.
- 0 0	FULL NAME OF (If not in hospitol or institution, give street MARYLAND	
	HOSPITAL OR oddress or location) INSTITUTION DATESTINODE CITETY MODEL CONTRACTOR	ond give township)
Lin a ng cause; attend	BALTIMORE CITY HOSPITALS 14940 EASTERN AVENUE BALTIMORE D. STREET ADDRESS (If rural, give location)	
- L	BALTIMORE, MA RYLAND 21224 4940 EASTERN AVENUE #21224	
th occurre contribut etermined n regular		der 1 Yr. II Under 24 Hrs.
occ ontri	FEMALE WHITE WIDOWED 1880 8.5	
	done during most of working life, even if retired)	HAT COUNTRY?
dea or Und	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	SI PAPER.
11	UHK	
ind; (ind; eath	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
the kin dec	(Yes, na or unknawn) (If yes, give war ar dates of service) SECURITY NO. RECORDS: BCH 4940 EASTERN AVE	ENUE #21224
any	18. CAUSE OF DEATH	INTERVAL BETWEEN
E 0 + E 07	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
a P o p	(This does not mean the made of dying, e.g., DUE TO	
iner ner. actu pro pro	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
F'= to m	ANTECEDENT CAUSES (B) Culcuselleule Courney of	remy years
×am ×am ×am vh vh	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	00
(3) an	UNDERLYING CONDITION last.	***************************************
burns; physician an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
phy	TO THE DEATH BUT NOT RELATED TO THE Congestive hear culcus	
Body the ysici	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING WAS PERFORMED 10 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21G. WHERE DID (II in Bultimore City.)	S CONSIDERED .
S- E	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (II in Baltimore City,	give exact lacation)
tal b ;; (2) here	home, form, factory, street, office bldg, INJURY OCCUR?	
3 3 3		
nat cept	(APPROX.)	
국 C S B	22. I certify that (4) (this hospital) attended the deceased from 1-29 1962 to 2-	2/ 1966.
of of a long in the long in th	that (H) (we) lost sow the deceased alive on 2-2/ 19.66 and that in (my) (w) apinion de	oth accurred on the date
VT + + .	and hour and from the causes stated above. (1) (We)-(did) (did-not) view the bady after death.	
must belease cident hospi	23A. SIGNATURE M.D. Attending Med. Stoff (a)	ATE SIGNED
	23C. PHYSICIAN'S	-121/66
	NAME (Type)	
D A D	24A- BURIAL CREMATION, 24B. DATE . 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City town	, ar caunty) (State)
THOO .	KEMOVAL (Specify)	RD MD
the body shows: (1) was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME-OF REGISTRAR 25C. FUNERAL DIRECTOR	1550555
4 ≯ p	EEB 23 1966 Oblesto E. Janson Allahar Bris INC 1800 E	LUMBARD
	VS 150-REV. 1/1/65	31,



	00 010/0		BALTIMORE CITY	HEALTH DEPARTA		66 01948
BIRTH NO.	66 01948		CERTIFICA	TE OF DEA	TH Registered No	00 01010
M.E. CASE NO				12.1	DATE AND HOUR OF DEAT	ч
Type or Print)		m nimne	TTTT			
PLACE OF	ADELAIDE		UTT	MA HEHAL BESIDEN	February 20.	1966
FULL NAMI HOSPITAL C	E OF (If not in hospitot) OR oddress or locotio	or institution, give s	heet	A. USUAL RESIDENCE (Whose docoosed lived. If institution: tesidence before odmined as STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give fownship) Baltimore 21229 D. STREET ADDRESS (If turel, give location)		
0	St. Agnes H	Hospital				
SEX	6. RACE	7. MARRIED, NEVE	D AAABBIED	B. DATE OF BIRTH	keby Road	If Under 1 Yr. , If Under 24
	O. RACE	WIDOWED, DIV	ORCED (specify)		lost birthdoy)	Months Doys Hours M
F.	W .	Marrie	ed	Sept.4,1	.885 80	
A. USUAL O	CCUPATION (Give kind of world to working life even if retired)	108, KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hous	of working life, even if retired)	At Home		Baltimor	e Maryland	USA
FATHER'S N				14. MOTHER'S MAIL		0.521
- I MILLER 3 IV	James Fra	nces Kear	rney		arcella H. Ca	ain
Was Daces	sed Ever in U. S. Armed For	reas? [1 A. c.	OCIAL			
	(If yes, give wer or dote	es of sorvice)	ESEURITY NO.	4	632 Rokeby Rolling C. Dubro	oad 2 1229 "
18. A.	11 3 M		CAUSE	F DEATH		INTERVAL BETWEEN
1	EASE OR CONDITION DI	RECTLY OF	CAUSE		- 1	ONSET AND DEAT
	LEADING TO DEATH	2 4		way o	Telusin	Judden
(This does	s nat mean the made of ne, asthenia, etc. It means	dying, e.g.	DUE TO			
near lally	camplication which caused	dying, e.g., the disease, death.)	Slun		A 12- 12-	ular 20 years
	ANTECEDENT CAUSES	0 /1	I BOULD	villesule	Caraco Ula	were Logians
		- 1/2	S DUE TO	OLDIANS		
	OR CONDITIONS, if		72	vesia		
	the abave cause (A)	stating the	(C))	***************************************
OHOURE	COMBINION (US).		The same of the sa			
- IO IHE	GNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING	ATED TO THE	redus-	118/66 mes	name	
19A. DATE		DITION FOR WHICH	OPERATION	20%. AUTOPSY? (Y		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING RIBUTING CAUSE OF Daily modical examiner	21B. PLAC homo, fore etc.)	E OF INJURY (e.g., on, foctory, street, o	n or obout 21 C. WHER	E DID (If in Boltime	ore City, give exect locotion)
21D. TIME		(Hour) 21 E. INJU	RY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
OF INJURY		White At	Not Whi			
(APPROL)		Work	At Work			1 1
22. 1 cert	ify that (1) (this hospital) attended the de	ceased from	130	19 40 to 8	119/66 19 1
	we) last saw the decease			19 66	and that In(mu) (aux) a	pinlan death accurred an th
						A
	and from the causes sta	ted abave. (I) (We) (did) (did nat)	view the bady ofter	death. 6.03 C	em
23A. SIGNA	ATURE					23B. DATE SIGNED
60	3 d lately.	. 24	M.D. An	onding Med.	tor Stoff Phys.	2/21/66
23C. PHYSIC	CIANS	UYU	(10)	23D. ADDRESS	1117 30	2/21/00
NAME	E (Typel	on				
	E.W. Johns	OII	M.D.	3432 F:	rederick Aver	nue
A. BURIAL C	REMATION, 248. DATE	24C. NAME o	CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (St
	L (Specify)	66 11000	la tha a a - a	0		
BURLA				Cemetery		Maryland
A. DATE REC	C'D BY HEALTH DEPT.	25B. NAME OF REC		25C. FUNERAL D	DIRECTOR	ADDRESS
	FEB 23 1966	B.D. S.E.	Jan Har	HENRY	SANDER & SON	IS INC.
150-REV. 1/	/1/65	NO. CONT. N. C. C.		BALTI		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				the state of the state of	TOTAL MANTENIA	(4141)



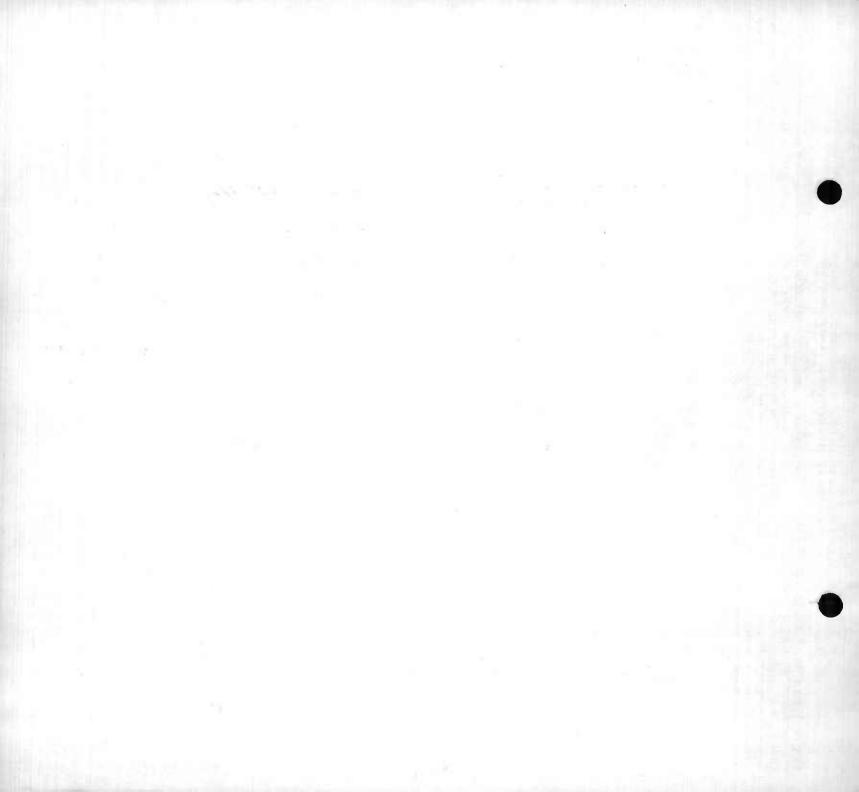
IMPORTANT

DIRECTOR:

FUNERAL

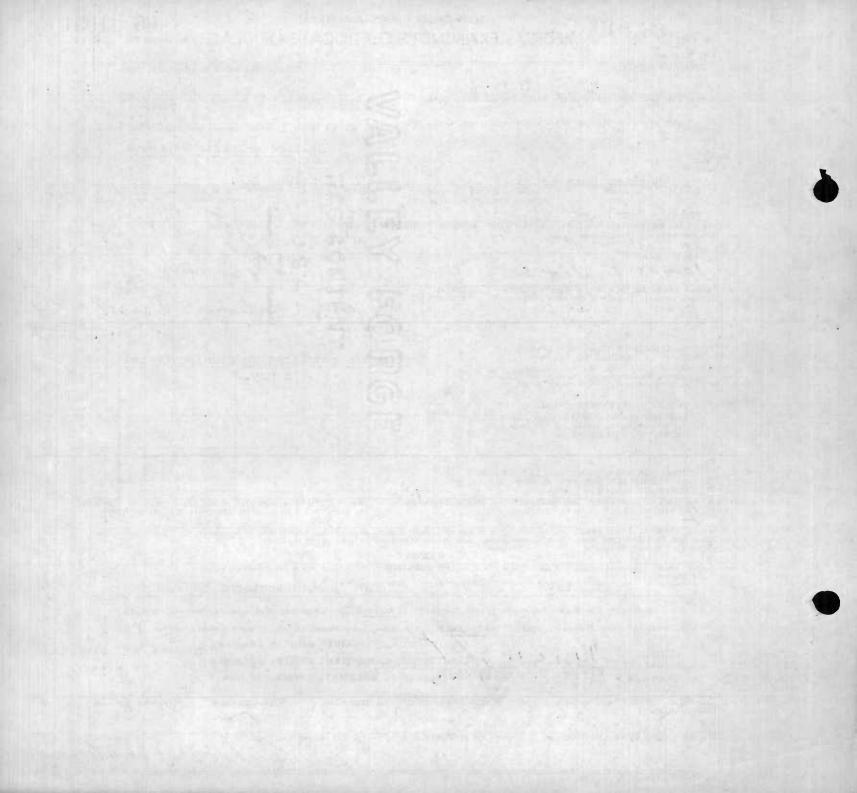
Registered NoGG 01950 1:21 P M USUAL RESIDENCE (Where deceased lived, If institution residence before admission (If outside city limits, write RURAL and give fownship) If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) _____and that in(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED (City, town, or county) Was VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

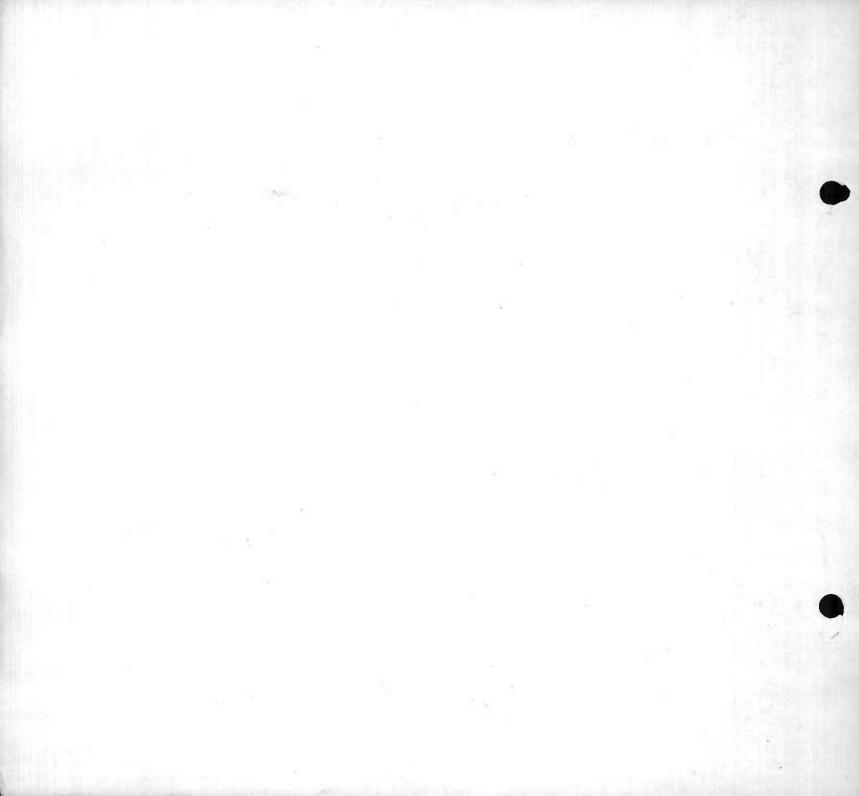


1-505

00 01051	BALTIMORE CITY HEA	LTH DEPARTMENT	66 01951
BIRTH NO. DO DEDICE MEDIC	CAL EXAMINER'S C	CERTIFICATE OF DEATH Res	istered Na.
M.E. CASE NO.			
1. NAME OF DECEASED		2. DATE AND HOUR PRONO	JN CED DEAD
(Type or Print) Calvin	I. Johnson	2/	21/66 4:30 p. M
3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where deceased lived, I. A. STATE B.	
HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	C. CITY OR TOWN III outside corporete limits,	write RURAL and give township)
INSTITUTION		Baltimore-rural P	asadena /
2		D. STREET ADDRESS (If rurol, give location)	
Hopkins Hospital	7. MARRIED, NEVER MARRIED	Box 100 RTE.5	eors If Under 1 Yr. If Under 24 Hr
	WIDOWED, DIVORCED (specify)	10-9-1924 last birthdoy	Months Doys Hours Min.
male colored	SINELO	7	
done during most of working life, even if refired)	OB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABONE.C		P. R. Co	W.SA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JAMES F JOHN	50.0	V, eron. A. PortE	7
15. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes		Vactoria Sonson	PREDENA MY
			7
18. E 960 X	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE			
(This does not mean the mode of		cemia complicating cranioc	erebral
heart failure, asthenia, etc. It means t	the disease.	injury.	
ANTECENDENT CAUSES	(R)		
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA			
UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS C	10/		
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		
O THE DEATH BUT NOT RELA	ATED TO THE		
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COND		20A. AUTOPSY? (Yes or Not 20B, IF YES, WEI	DE EINDINGS CONSIDERED
WAS PERFO		IN CERTIFYING	CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS	218 BLACE OF INTERVIOR	in or obout 21C. WHERE DID (If in Boltimore Ci-	y, give exact location)
O UNDERLYING MOR CONTRIB-	home, form, foctory, street,	office bldg., INJURY OCCUR?	y, give exect toconon)
	etc.) street	?	00-00
21D TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
[APPROX.] 1939	m. WHILE AT NOT AT W	while auto accident ?	
22.			
I certify that I held an Inc	quiry Inspection Au	utapsy 🗶 and that an this basis, death	in my apinian
resulted fram: Natural caus	ses Accident Suicio	de 🗌 Hamicide 🗌 Undetermined m	anner 🗌
1.1	77-	CHIEF MEDICAL EXAMINER	
ACTUAL MANA	11 760/	, ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Werner II.	Spitz M.D.	ASSOCIATE MEDICAL EXAMINER	2/22/66
EXAMINER'S WETHER U.		ASSOCIATE MEDICAL EXAMINER	
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify)	111 R. 7 n	about mark.	mi
12mm /25/	10000		
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
FF8 23 1965 (20	- E. Faybunna	Do an how & Hope	138NG16mon
VS 151-REV. 1/1/65	1		A
43 131-KEA! 1/1/03	1 7		



	()() 4 ()[HEALTH DEPARTMENT		
BIRTH NO.	66 01953	CERTIFICA	TE OF DEATH	Registered No.	36 01059
M.E. CASE NO.	CEASED		2. DATE AN	ID HOUR OF DEATH	70 (11335
Type or Print)		11115		9-17-66	1 2:00 P.
PLACE OF D	STRONG LUC	ID ID	4. USUAL RESIDENCE (Whe	re deceased lived. If inst	itution; rosidenco before odmission)
			A. STATE B. COUN	17	1 51/
FULL NAME		itution, give street	C. CITY OR TOWN (II OU	ND ·	6-04
HOSPITAL OR					IRAL and give township)
		OF MARYLAND	BALTIMO	ORE	
LUTH	EKAN HOSY.	OF MARYLAND	D. STREET ADDRESS	rural, give location)	
			1819 W.	LANVALE	ST.
. SEX		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	onths Doys Hours Min.
t	A			214	Notice Doys
A. USUAL OC	UPATION (Give kind of work 108, K	SING-LE IND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	gn country)	12. CITIZEN OF
on Juring most o	working lifes even if retired	c P -	112		WHAT COUNTRY?
79571	egloon for	S. SCHOOL CAPT.	WINNSBUR		N. C. K
			1		
HAL	MERS ARM	1STRONE	5 100 N/	ELSON	
	d Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	(If yes, give wor or dotes of s	ervice) SECURITY NO.			
10		2/2-16-4001	WILME GOWN	G (SISTER)	1819 EUTAW 1
1B. 3	OXI	CAUSE C	F DEATH	,	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIRECTLY	Y			ONSET AND DEATH
	LEADING TO DEATH	(A) S	UBARACHNOIS	H BUOR!	CHAGE
	not meen the mode of dying				3.7.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.
	, osthenia, etc. It meons the d mplication which caused deoth				
	ANTECEDENT CAUSES	(B)			
DICTACES		DUE TO			
	OR CONDITIONS, if ony, ne obove couse (A) statin				
	G CONDITION last.	(0)	www.w.w.w.w.@0.000 x 0.0000000000000000000000000000	in a fertil de te tier in in a te telete diel diele a a ferminent terma a a diel a te di	
	11				
OTHER SIGN	IFICANT CONDITIONS CONTR	IBUTING			
DISEASE OF	DEATH BUT NOT RELATED CONDITION CAUSING IT.	TO THE			
4.4	F OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIL	NDINGS CONSIDERED
E	WAS PERFORME	D		IN CERTIFYING CAUS	SES OF DEATH?
	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(II in Boltimore	City, give exact facation)
OR CONTRIE	V medical examiner	home, larm, foctory, street, o	ffice bldg., INJURY OCCUR?		
U					
OF INJURY	(Month) (Doy) (Year) (Hos		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Work At Work			
20.1			- 15	1.1	9-17 11
22. I certif	y that (1) (this hospital) atte	nded the deceosed from	1 1	1966 to	2-17 19 66
that (1) (we) lost sow the deceased oli	ve on 0/-//	19 6 ond th	at in (my) (our) apini	on death occurred on the do
ond hour or	nd from the couses stated of	ove. (I) (We) (did) (did not)			
23A. SIGNAT		3			23B. DATE SIGNED
7	00 (1)	M.D. Att	ending Med.		.7 -17 11
1	nhlia ling	cada Phy	s. Director	Stoff Phys.	04-11-66
23C. PHYSICI NAME	AN'S Type)		23D. ADDRESS		
DA	131.14 1011	1.1 CO A M.D.	LUTHERAL	1 HOSP 1	DE WARMAN
4A. BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY OF CR		OCATION (City.	town, or county) (State)
REMOVAL	(Specify)			INNS BOT	0 00
(Same	DA 21/66		u	11 WIUS BUT	0.0
SA. DATE REC'	D BY HEALTH DEPT. 258. M	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	, 11	a 63 FN Giemo
EES 23	1966 (P.O. A. S.	Classe Mile	Manisa	of postup	1637NB18MO
/S 150-REV. 1/1	/65				



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Was

and of death Deceased

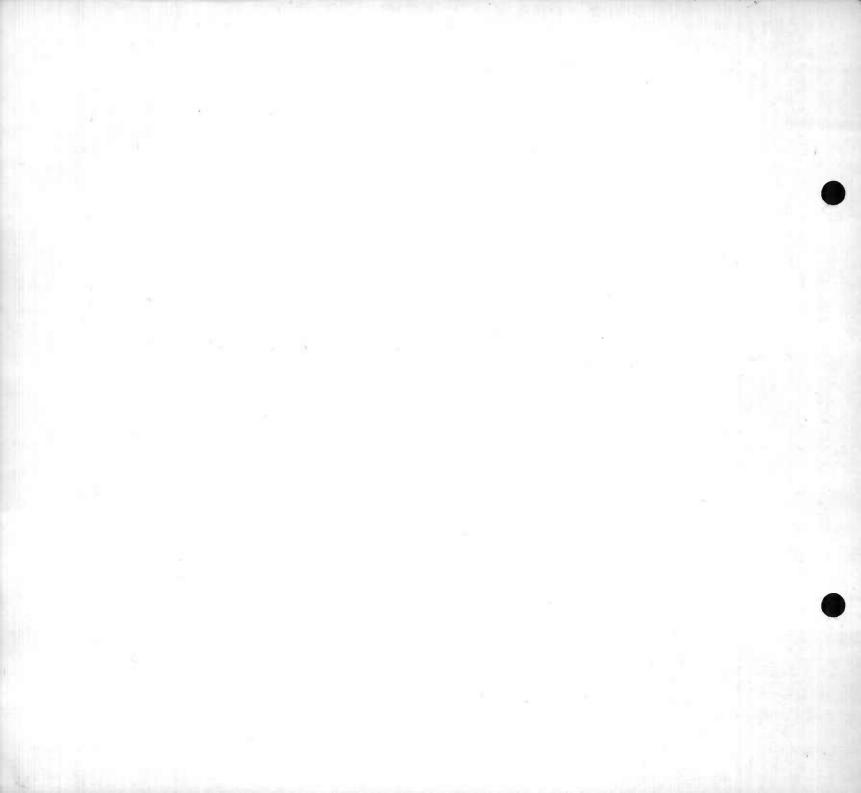
(2)

cause;

prior

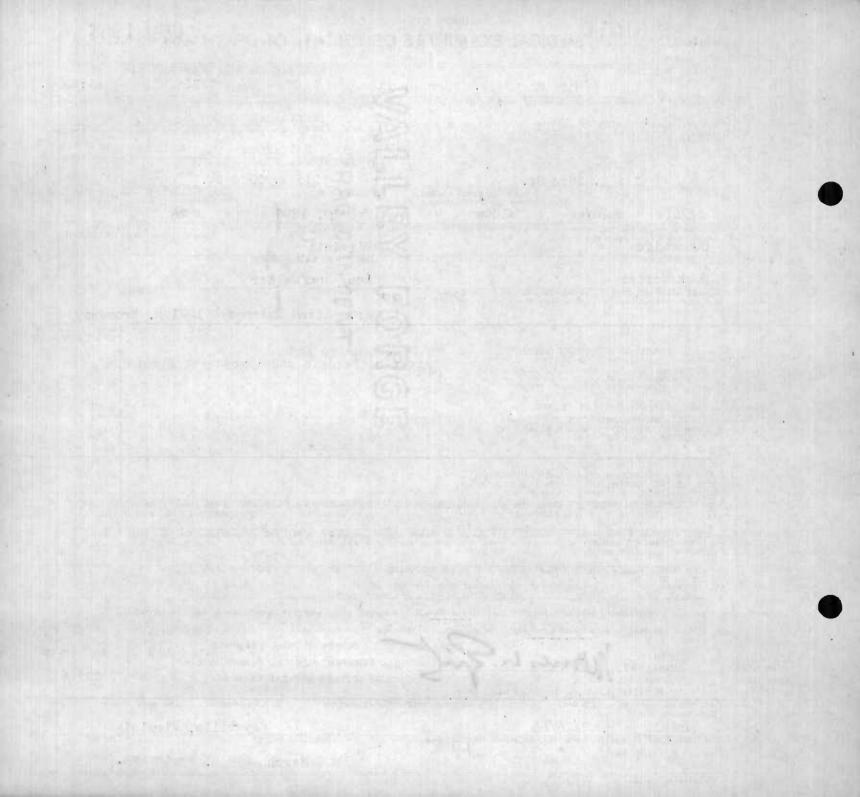
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cause



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	01954 MEDI	CAL EX	BALTIMORE CITY HEAL'S CE	TH DEPARTMEN	IT OF I	DEATH & 66	5.A.1954
M.E. CASE NO.	MILDI	ICAL LA	MAMINALK 3 CL	KIIICAI	L OF L	JEM I II Kegiste	ered No.
1. NAME OF DE	CEASED				2 DATE AN	D HOUR PRONOUNC	ED DEAD
(Type or Print)		Mary]	F. Davenport		2. DATE AN	2/21/66	
3. PLACE IN BAL	TIMORE MARYLAND, W	-			ENCE (Where		titution: residence before odmission
				A. SIAIL		B. COL	JNTY
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOW	ryland	e cornorate limits write	RURAL and give township)
INSTITUTION	ADDRESS OR LOCA	(IION)					
				D. STREET ADDR	Baltimon		1707
0	015 - 00 1						
5. SEX	215 E. 23rd				5 E. 23		
J. SEA	O. KACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	4	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min.
female	colored	Wido		Feb 10,	1890	76	
		TOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
Housewij	working life, even if retired)		1 1 S 1	Virginia			WHAT COUNTRY?
13. FATHER'S NA				14. MOTHER'S MA			
Buck Car	rter			Lucy Ann	Conton		
15. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16, SO CIAL	17. INFORMANT	arter		ADDRESS
Yes, no or unknow	n) (If yes, give wor or dote	s of service)	SECURITY NO.				
				Mr. Alfr	ed Dave	nport 1221	N. Broadway
18. LL L	13 V.		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
OTHER SIG	ING CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT RECOVERED.	ATED TO T	(C)				
19A. DATE O	F OPERATION 198, CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED
0 0	WAS PERF	ORMED		n	10	IN CERTIFYING CAUS	SES OF DEATH?
O UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	216, home, etc.)	PLACE OF INJURY (e.g., in lorm, loctory, street, of	n or obout 21C. W	HERE DID	If in Boltimore City, gi	ve exoct location)
OF INJURY	(Month) (Doy) (Year		IE. INJURY OCCURRED		DINI DID WILL	RY OCCUR?	
(APPROX.)		m. W	VHILE AT NOT V				
ACTUA SIGNAT EXAMI	Ited fram: Natural cau	nquiry [Inspection X Auto	apsy and	de U	AMINER X	-
23A. BURIAL CRI REMOVAL (Speci	EMATION, 238. DATE	230	C. NAME of CEMETERY of	CREMATORY	23D. LC	CATION (City,	town, or county) (State)
Burial	2/26/6	6			V	vegraille W.	mainta
24A. DATE REC'D			OF REGISTRAR	24C. FUNERA		ysville, Vi	rginia ADDRESS
118 9	3 1960 Rober	8-2.30	A Stay Public			928 E. North	
VS 151-REV. 1/1.	/65	-			1,11		



ANALOGO DEATH IN BATTMORE MARILAND J. PARCE OF DEATH IN BATTMORE MARILAND J. PARCE O	BIR	тн но, 66 ()1955		TE OF DEATH	Registered No	66 01955
Type or North Month of Part No. 1. American Contribution Contr			CERTITICA			
3. FLACE OF DEATH IN BALTIMOBE, MARKEAND FULL NAME OF (If not in bappiled in institution, give sheet office of the property o			13000			
TULL NAME OF HOSPITAL OR BIT and in hospital or institution, give sheet eddess or locotion. If and in hospital or institution, give sheet eddess or locotion. If and in hospital or institution, give sheet eddess or locotion. If and in hospital or institution, give sheet eddess or locotion. D. STRET ADDRESS (If need, give locotion) D. STRETA ADDRESS (If need, g	3.		.0 4 01	4. USUAL RESIDENCE (When	e deceased lived, If in	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (The store of means the mode of dying, e.g., righty or completion) which coused death.] DISEASE OR CONDITIONS, if ony, giving rise to be above couse (A) state of state store of the beave couse (A) state of the state of the beave couse (A) state of the state of the beave couse (A) state of the s				A. STATE B. COUN	TY	7-07
D. STREET ADDRESS OF CONTINUE AND COLORATION OF BUSINESS OR INDUSTRY 11. MOTHERS MAIDEN ON STREET ADDRESS OF CONTINUE AND COLORATION OF BUSINESS OR INDUSTRY 12. CITEZEN OF MARKETON NEW COLORATION OF BUSINESS OR INDUSTRY 13. ADATE OF BUSINESS MAIDEN 14. MOTHERS MAIDEN 15. WERE DEPENDED TO CONTINUE AND OF BUSINESS OR INDUSTRY 15. WERE DEPENDED TO COLORATION OF BUSINESS OR INDUSTRY 16. MOTHERS MAIDEN NAME 17. INFORMANT 18. CONTINUE AND COLORATION OF BUSINESS OR INDUSTRY 18. SECURITY NO. 21. SOCIAL 17. INFORMANT 18. MOTHERS MAIDEN NAME 18. SOCIAL 18. SOCIAL 19. ADDRESS 19. ADDRESS 19. ADDRESS 10. TOTAL OF COLORATION 10. SOCIAL 10. INFORMANT 10. INFORMA		FULL NAME OF (If not in hospital or institution, g	ive street			PILIPAL - 1
STREET ADDRESS (II roul, give location) STREET ADDRESS (II roul, give locatio		/				KUKAL ond give town
S. SEE MAKE MULLE MODWED, DIVORCED (specify) MODWED, DI	/	Maryland Gemera	1 Hospital	D. STREET ADDRESS (If	rural, give location)	
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TO JUSTA SECULTATION (five kind of work) lock kind of Business or industry 1. Birthflace (store or foreign country) 12. CITIEN OF WHAT COLUMN	5.	SEX [6. RACE 7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
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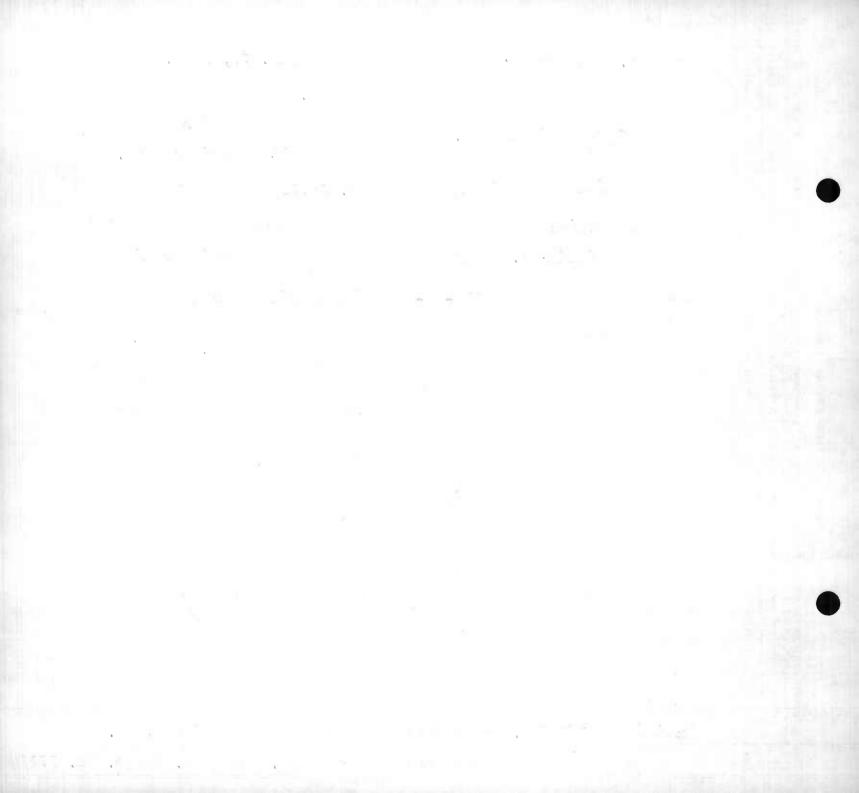
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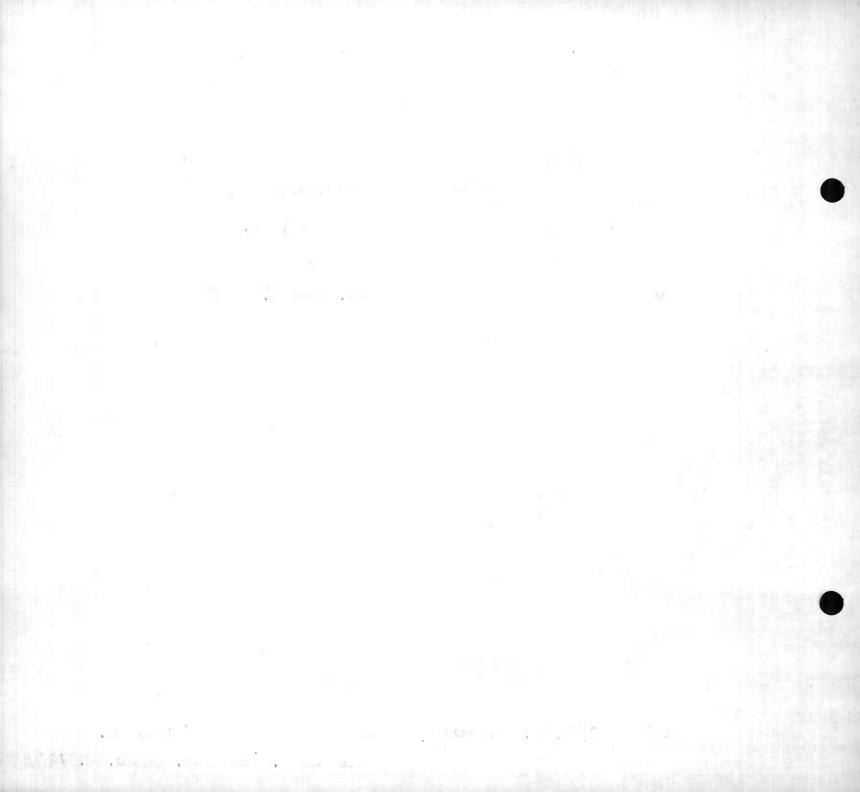
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FUNERAL DIRECTOR: IMPORTANT

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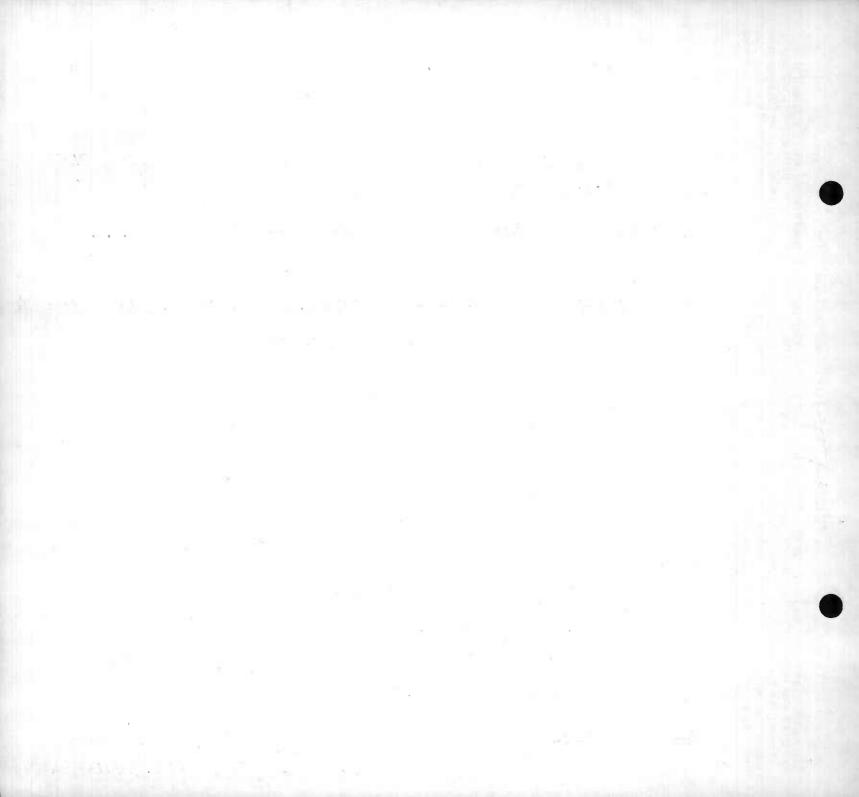
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Adolphica-

Johns Hornins Hose

Berger Street Street

BIRTH NO. M.E. CASE NO. 1. NAME OF DEC (Type or Print) 3. PLACE OF DE	66 013	950	CERTIFICA	ATE OF DEATH	Registered No	66	01960
Type or Print)		. /			AND HOUR OF DEAT		
G	ath in Baltimore, M	Hart	y Sr.	4. USUAL RESIDENCE (V	/17/66		12:50
. PLACE OF DE	ATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived. If	institution: resid	ence befare adm
FULL NAME C	OF (If not in hospital	or institution,	give street	Maruland		26-	1 1
HOSPITAL OR	address or location			Maryland c. city or town (II	outside city limits, writ	e RURAL ond gi	ve tawnship)
				Baltimore			
3					(If rurol, give lacation)		
The Jo	hns Hokkin	s Hosp	ital	1214 South	Clinton S	Street	21224
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Manths; Do	Yr. If Under 2
Male	White	Marr		7-1-97	68	Wildlin's Do	7.
		rk 108, KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State at	fareign cauntry)	12. CITIZEN	
	working life, even if retired)	lious	Stone	Raltimona	Manuland		COUNTRY?
Proprie	tor	Leguon	L JADICE	Baltimore,		u.s.	A.
TOO TATITUES THAT	VIL			14. MOTHER'S MAIDER	AME		
Frank G	Goldberg			Bessie ?			
S. Was Deceased	Ever in U. S. Armed Fo	rces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Al	DDRESS
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18.	1/20-1/22			Vivian A. God	wery 1217 3	INT	ERVAL BETWEEN
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Dista	LEADING TO DEATH			Myocardial in	farction	2 d	a
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	asthenio, etc. It meon application which couse						
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rise to th	e above couse (A)		(C)	prob pulmonary	v embolus	?	
UNDERLYIN	G CONDITION lost.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		P
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E TO THE D	FICANT CONDITIONS	ATED TO TH	G E				
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19A. DATE OF		REORMED	WHICH OFEKATION	no	Na) 208. IF YES, WER	AUSES OF DEA	TH?
U 21A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INITIDY	in or about 21C WHERE DIE	Offin Rolling	nare City, give e	vact lacetical
OR CONTRIB	NT WAS UNDERLYING	ham etc.	ie, farm, foctory, street,	in at obout 21 C. WHERE DIC office bldg., INJURY OCCUR	?	ony, gave e	coct toconon)
U	medical examiner						
OF INJURY	(Manth) (Day) (Year)		INJURY OCCURRED		INJURY OCCUR?		
(A PPROX.)		Wh	ile At Nat Wh	le 🗌			
22. I certify	that (1) (ristersharsentri	rl) attended t	he deceased from	2/15/66	19 to 2/	17/66	10
that (I) (see	last saw the deceas	ed alive as	2/17/66	19 and	these (m (m)) downth -	ninian danat	
						Printan death (iccurred an th
and haur an	11	ated obave. (I	J.A. (did) (AIALAIACX	view the bady after deat	h.		
ZSA. SIGNATU	Marille 1	Islant.	Istal wo	tending	Stoff -	23B, DATE S	
	MINULE /7 11	evinn	M.D. At	tending Med. Director	Stoff Phys.	= 2/17	166
23C. PHYSICIA NAME (1	Daniel G. Ro			23D. ADDRESS			A DILLE
	Daniel G. Ro	binhold	M.D	(JHH) The J	ohns Hopki	ins Hos	nital
AUT BAKIUF CKP	MAIION, 1240, DAIL	24C, N/	AME of CEMETERY of CI	REMATORY 24D	LOCATION	(City, tawn, ar c	ounty) (S
REMOVAL (0	1	10	011.	Aı	, ,
Burial DATE RECID	2-21-6 BY HEALTH DEPT.	O Bal	timore Nation	ral emetery	Baltimore (1	cty, Illa	uyland
PATE REC'D		ZJB. NAME C	REGISTRAR	I A . // /		1 S. Conk	I: C
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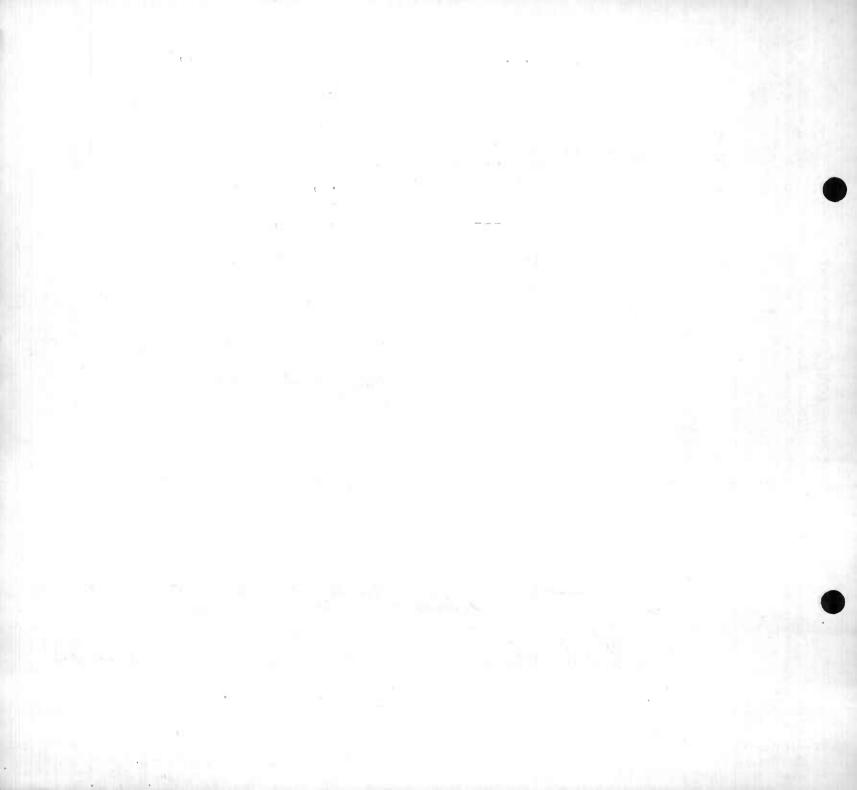


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such	
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	CC 01001 BALTIMORE CIT	00 01081	
BIRTH	H NO. 66 ()1961 CERTIFICA	ATE OF DEATH Registered No. 6 (11961	
	CASE NO. AME OF DECEASED		
	B: 0	1/2	
2 91	PLACE OF DEATH IN BALTIMORE MARYLAND SEGGIOIC	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before	
3. FL	LACE OF DEATH IN BALLIMORE, MARIEAND	A. STATE B. COUNTY	. 001111
FL	FULL NAME OF (If not in hospital or institution, give street	Bolta	
H	OSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township	p)
1		Baltimare, ma	770
	Kesevick	D. STREET ADDRESS (If rurol, give locofion)	-
7	resevern	508 musdock Road.	
5. SE	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 1 Yr.	nder 24
2	WIDOWED, DIVORCED Ispecify	lost birthdoy) Months; Doys Hours	. ^
//	Male While Married	9-27-1888 77	i
	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	TY 11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	?
1	bereal Fusurance	Hosmantours Pa 115	A
13.0	PATHERS NAME	14. MOTHER'S MAIDEN NAME	1.
11	11.11. 120	1001	
W	ellan Roland Jaung	natherene fawrence	,
15. W (Yes,	Was Deceased Ever in U. S. Armed Forces?	17. INFORMANT ADDRESS	
	Mone	Waselell Heabise 821, to	01.
1	18. A CAUSE	OF DEATH INTERVAL BET	TWEE
	THEFT	ONSET AND I	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	entenine Cardio - Vascular 25 40	0 7
	(This does not meon the mode of dying, e.g., DUE TO	eticusar Caraco - Vascular 23	
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	heort failure, asthenia, etc. 11 meons the disease, injury or camplication which coused death.)	Disasse	
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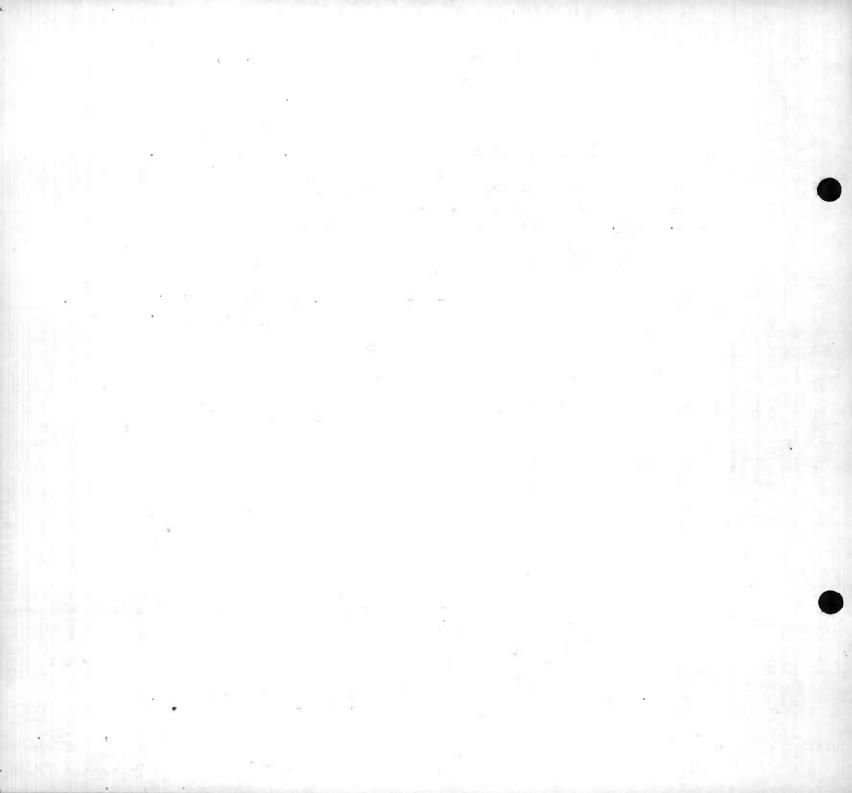
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NAME OF DE	ECEASED			D HOUR OF DEATH	
Type or Print)	Margaret (G.C. McGinn	Febr	uary 17,	1966
. PLACE OF D	DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where	deceosed lived. II	institution: residence belare admis
FULL NAME	OF (If not in hospital or	institution, give street	Maryland	2	17-38
HOSPITAL OF	R address or lacation)	, ,	C. CITY OR TOWN (If outs	side city limits, write	RURAL and give township)
0			Baltimore		
U	5722 Nasco :	Place		ural, give lacation)	
			5722 Nasco		
emale	6. RACE White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED		ost diphdoy)	If Under 1 Yr. II Under 24 Months Doys Hours M
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es, no or unkno	wn) (II yes, give war ar dotes	of service) SECURITY NO.	Mice Fileen M	eGinn 5'	722 Nasco Plac
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(APPROX.)		Work At Wo	ık 🗀 📗	4	
22. 1 certi	fy that (1) (this hospital)	attended the deceased fram	incember 10th	961 to Fe	ebruary 17 19 6
that (1) (9) last saw the deceased	olive an February N		at In (my) (olnian death accurred an the
and hour o	and from the couses state	d abave. (1) (#e) (did) (d id_net)	view the body after death.		
23A. SIGNA	and the same of th	7//			23B. DATE SIGNED
	Theha.			Stalf Phys.	2-18-66
23C. PHYSIC		1	23D. ADDRESS	, 3, []	
NAME		nn M.I	11 E. Chase	St.	
	P. Philip Fly	124C. NAME of CEMETERY of C			City, town, or county) (Str
REMOVAL	L (Specify)			altimore.	
burial				arttillore,	Maryland
5A. DATE REC	D BY HEALTH DEPT.	58. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	2	ADDRESS
114	23 1905 (12 Pse.	TE COLUMN	Mitchell-Mi		Home 6500 York
S 150-REV. 1/	1/65			Ral	to.12.Md.

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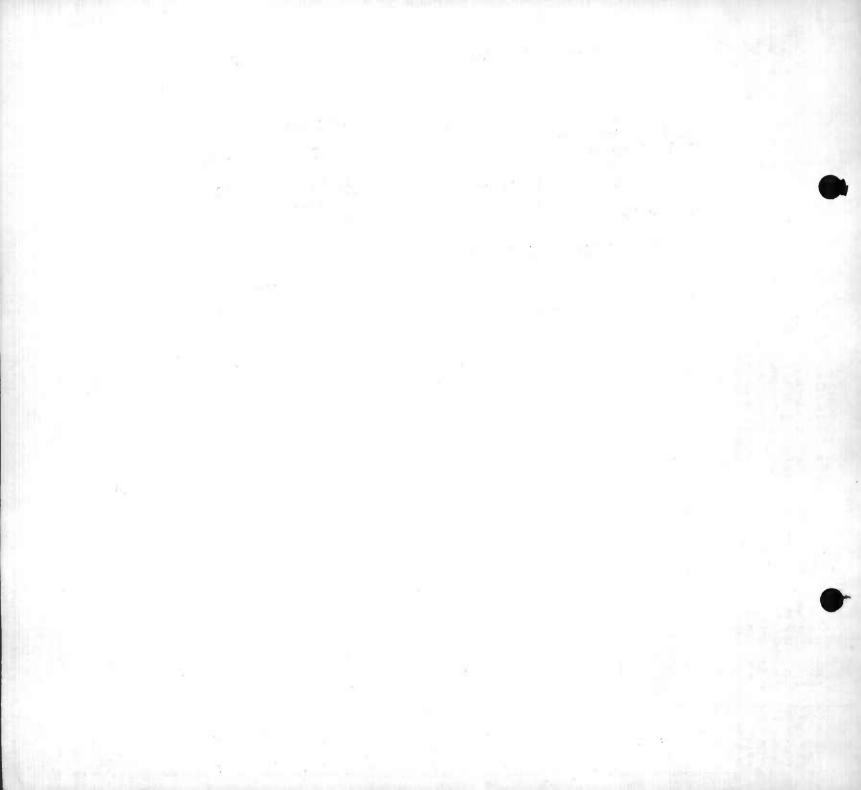
BALTIMORE CITY HEALTH DEPARTMENT



Pe or Print)	Aubrey H		on	Fe	b 21,1966	
FULL NAME (ATH IN BALTIMORE, MA		give street	4. USUAL RESIDENCE	(Where deceased lived. COUNTY	If institution: residence before admit
HOSPITAL OR	oddress or locatio			C. CITY OR TOWN Baltimore	(If outside city limits, w	rite RURAL and give township)
6116 Be	Wursing Home	الكاري		3901 S	(If rural, give location) anover St.	
lale	6. RACE		NEVER MARRIED D, DIYORCED (specify)	8. DATE OF BIRTH 2/18/95	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2 Months Days Hours A
Gab Dr.1	UPATION (Give kind of worl working life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY	Md Md	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NA	Milliam P	Middlet	on	14. MOTHER'S MAIDER	N NAME	
	d Ever in U. S. Armed For n) (If yes, give wor or dote		16. SOCIAL SECURITY NO. 217-01-6894	17. INFORMANT	ily	ADDRESS
18.	2 / 8		CAUSE	OF DEATH	1	INTERVAL BETWEEN
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VS 150-REV. 1/1/65

10 Celly Tuneal Hone 23





EXAMINER'S

NAME (Type) 23A. BURIAL CREMATION,

REMOVAL (Specify)

238. DATE

Charles S. Petty, M.D.

MARYLAND BALTTMORE NEW CAMPHEDRAL CEMETERY 2/21/66 BURIAL ADDRESS 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR HUBBARD FUNERAL HOME, 4107 WILKENS AVE, 21229 VS 151-REV. 1/1/65

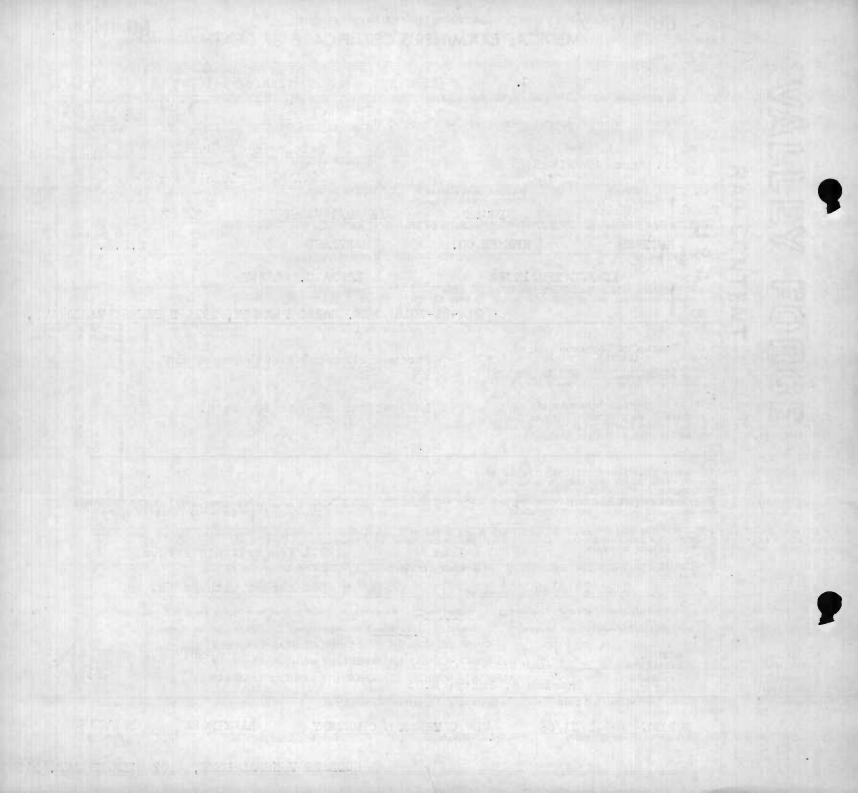
23C. NAME OF CEMETERY OF CREMATORY

ASSOCIATE MEDICAL EXAMINER

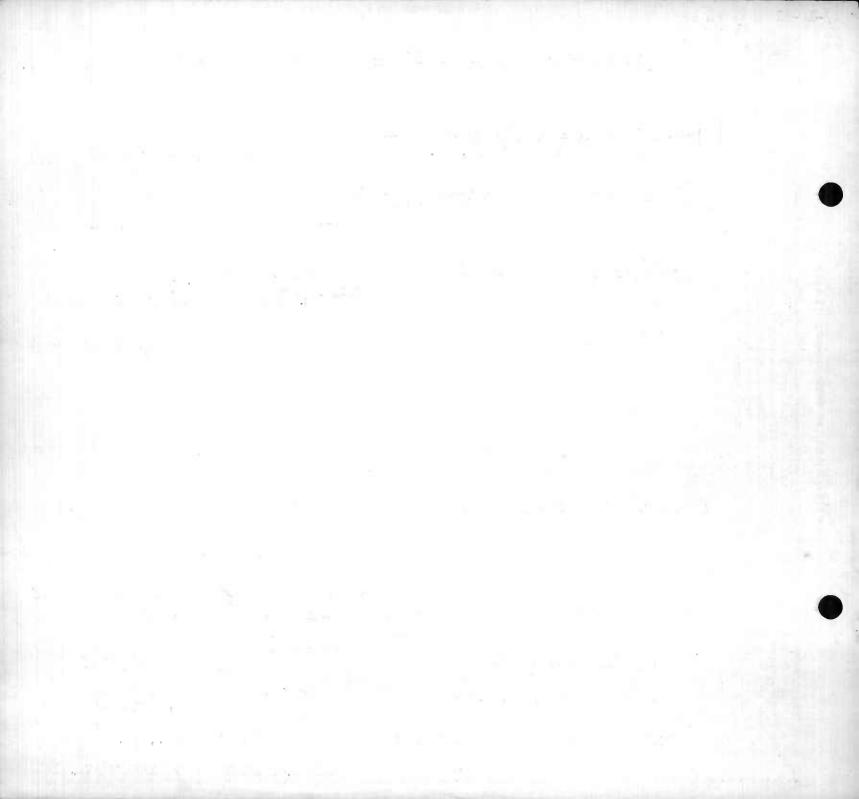
23D. LOCATION

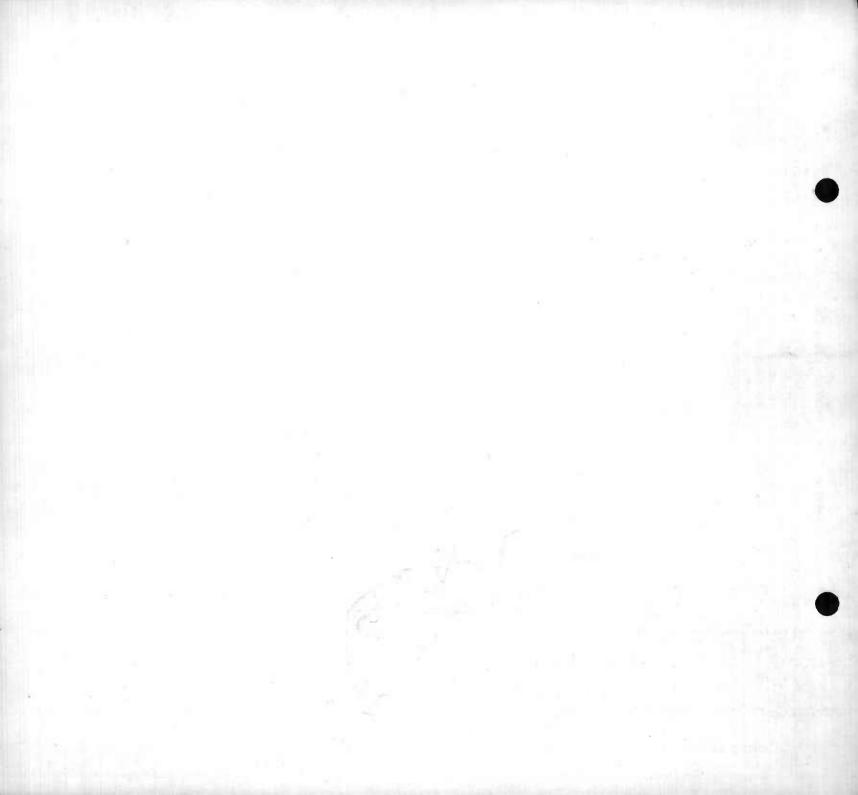
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HOSPITAL O	ddio:	ss or location				ITY OR TOWN	outside city limits,		ind give to
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IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTAN DIRECTOR: FUNERAL

-0 AO Il Under 1 Yr. , Il Under 24 His. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH must be obtained before the remains physician was 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (Il in Baltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notily medica) exomined nature; 21 D. TIME (Hour) 9 (Month) (Dayl (Year) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work and Wark any 22. I certify that (1) (this hospital) attended the deceased from Feb that (I) (we) last saw the deceased alive an..... 19 and that in (my) (aur) opinian death accurred on the date death) hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED HOUSE Stoll Par Attending Med. eceased prior to written approval O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS to HOMPSON M.D. D.O.A. 1 1500 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMPTERY the body shows: Was VS 150-REV. 1/1/65

T C. F. F.

occurred

death

assistant

his

examiner

the chief medical

certificate

VS 150-REV. 1/1/65

IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

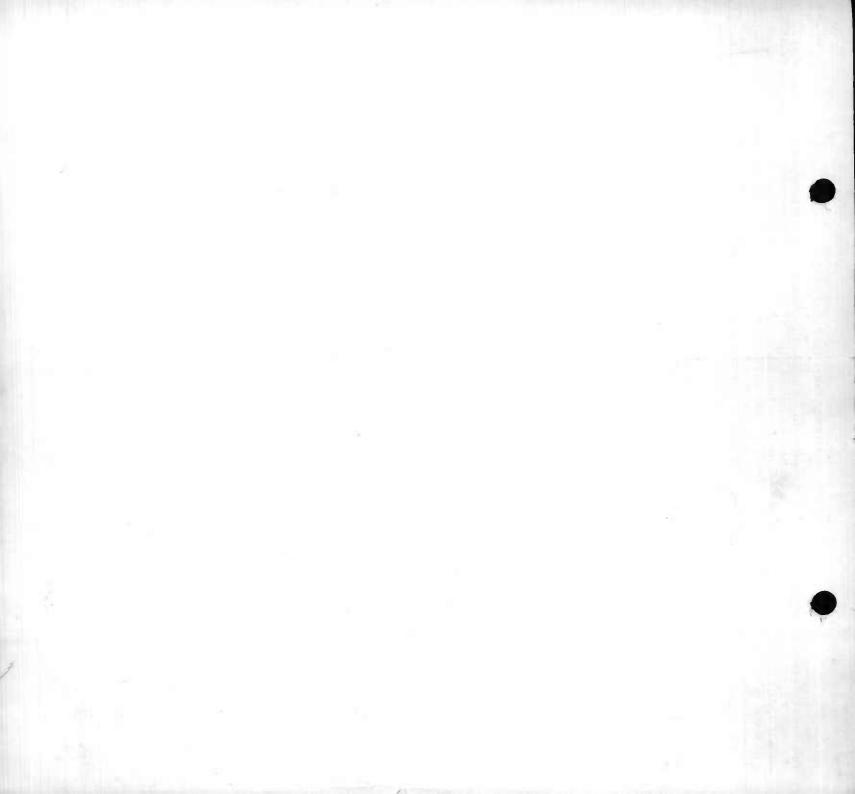
ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

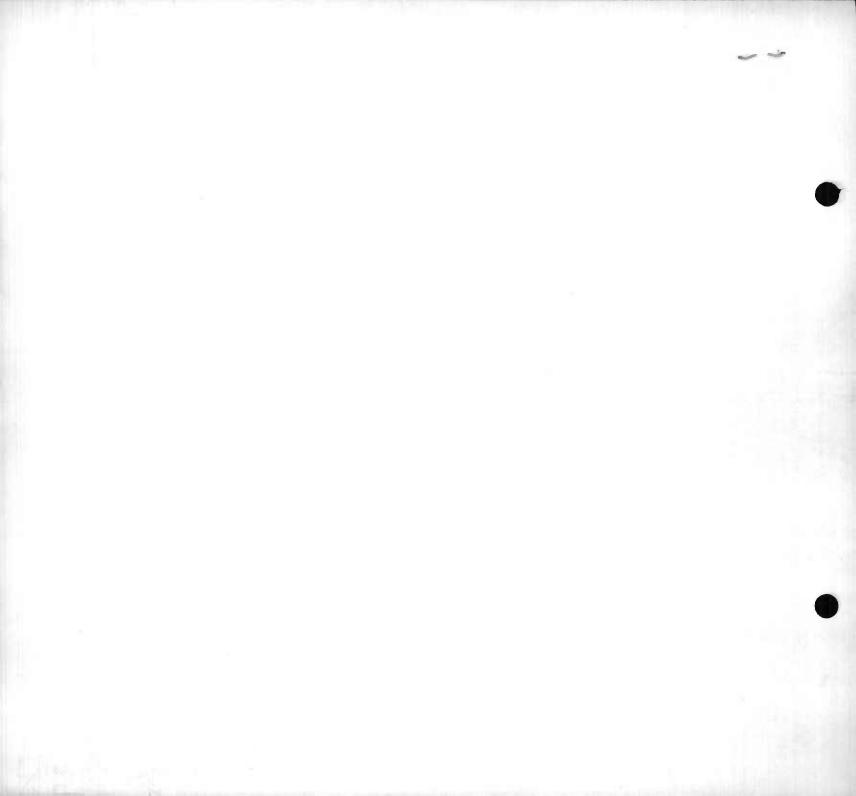
THE THE PROPERTY OF THE PROPER

VS 150-REV. 1/1/65

CC 01071	TIMORE CITY HEAL			66 01971
M.E. CASE NO.	RTIFICATE (00 (110)1
1. NAME OF DECEASED (Type or Print) Adalaide Hammand M.	itchell	2. DATE AN	7 66	1 9:10 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. US A. STA	JAL RESIDENCE (When	e deceased lived. If ins	titutor: residence before admission
FULL NAME OF (If not in hospital or institution, give street address or location)		Md,		502
INSTITUTION	c. ci	Baltimo		JRAL ond give township)
University Hospital	D. ST		- Ford C	
SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCE		E OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months: Doys Hours: Min.
t W Divorce	00 8	129/98	67	
0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS one during most of working lite, even if retired)			gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		Ohio	AE	u.s. A.
George F. Hammond			Butcheo	~
S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	ITY NO.	ORMANT		ADDRESS
32,000				-
18.38/,/1	CAUSE OF DEA	тн		INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the mode of dying, e.g.,	DUE TO		Laennec	4 UNIT
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)		Cirrho	515	
ANTECEDENT CAUSES	(B)		5 + 5 + + 5 + 5 + + + + + + + + + + + +	
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rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)			w
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
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194. DATE OF OPERATION 198. CONDITION FOR WHICH OPE	RATION 207	AUTOPSTYTTES OF NO	208. IF YES, WERE FI	SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foc etc.)	INJURY (e.g., in or obcitory, street, office bld		(If in Boltimore	City, give exoct location)
OF INJURY	CCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While At Work	Not While At Work		us physical de	1
22. I certify that 🎁 (this hospital) attended the deceose	od fram	114, 1	966 to 2	117 1906
that (1) (me) lost saw the deceased alive on	17	19 6 and th	at in (my) (San) opin	ion death occurred on the de
ond haur and from the couses stated above. (1) (We) (d)	d) (did no t) view th	e body after death.		
23A. SIGNATURE			/ .	238, DATE SIGNED
Gennang dr Quy.	M.D. Attending Phys.		Stoff Phys.	2/17/60
23C. PHYSICIAN'S NAME (Type)	((M.D.	Lnivers	+4 Ho	50:40/
24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEN	METERY OF CREMA	XTOMY 24BG	ARD OF M	(State)
FEB 18 1969-	1/01	Me Hope	NC MENIS	At home by
25A. DATE REC'D BY HEALTH DEN. 38B. NAME OF REGISTER	1 10	PUSERATIONES	ns medie	al school



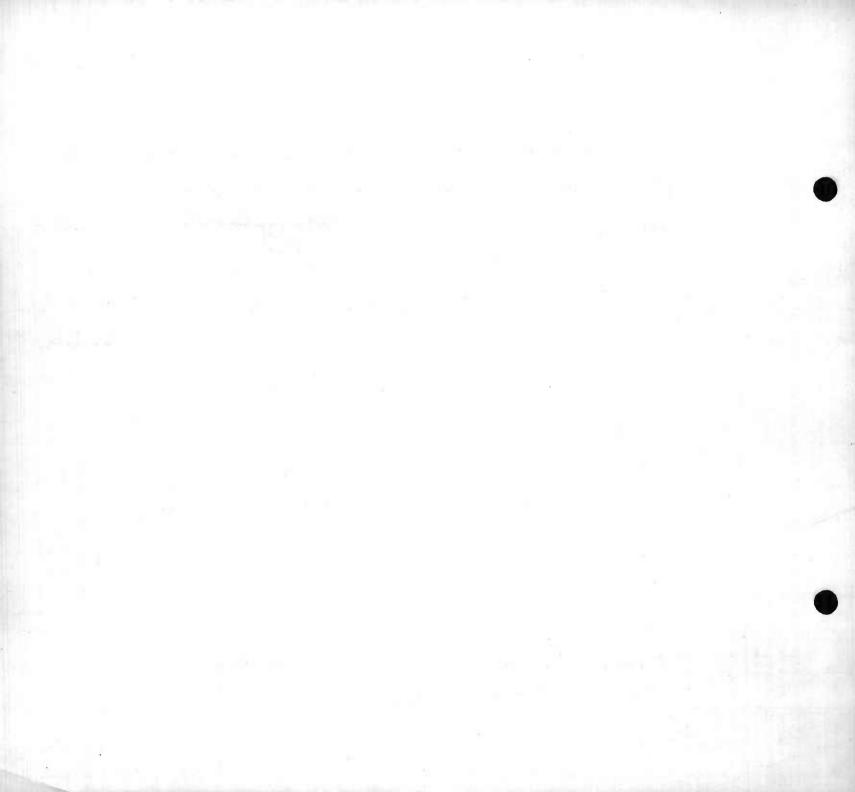
A.E. CASE NONAME OF DECEASED		TE OF DEATH		1000
	4	2 DATE AN	D HOUR OF DEATH	00 11010
Type or Print) GRENAGK. A	c+.a)	10-	40 DM	2/20/66
PLACE OF DEATH IN BALTIMORE MARYL	AND	14. USUAL RESIDENCE (Whe	/ / 1	nstitution; residence before ad
/		A, STATE 8. COUN	TY	1
FULL NAME OF (If not in hospital or in	stitution, give street	md.	7	100
HOSPITAL OR oddress or location) INSTITUTION			side city limits, write	RURAL ond give township)
2		BALFO		
50	/ / /	D. STREET ADDRESS (III	ruiol, give location)	,
University /	tospital	THE W.	Printt	St.
. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr. , If Under
M W	WIDOWED, DIVORCED (specify)	9/21/00	lost birthdoy)	Months Doys Hours
OA, USUAL OCCUPATION (Give kind of work 10 B	KIND OF RUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	on country)	12. CITIZEN OF
one during most of working life, even if retired)		J. OKKIN EAGE (SIGNE OF TOTE	gii cooniiy?	WHAT COUNTRY?
ElevATOV MACh. &	BATES Elev. Co.	Md.		usa
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
T	1.	44.4	1 1+	
5. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17 INSCRAANITY	ew to	ADDRESS
es, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.	17. INFORMANT /		ADDKE33
NO.	212-03-8065	Dogothy Per	1/2000	Sevenw m
18.	CAUSE O	F DEATH	1-//	INTERVAL BETWE
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LEADING TO DEATH	6	mounter of	1 - 11	2/11-22
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heart failure, asthenia, etc. It means the	disease,	suppressed an	RICOS	
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rise to the above cause (A) sta	ling the (C)			
CHECKETHO CONDITION (43).				
Z OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
OTHER SIGNIFICANT CONDITIONS CON				
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OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Day) (Year) (HOTEL) (APPROX.) 22. I certify that (I) (this haspital) of that (I) (we) last saw the deceased a and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BUHIAL	ON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., interpretation of the control	n oi obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ 19 6 and the riew the bady after death. 23D. ADDRESS Carroll	IN CERTIFTING CA (If in Boltimor URY OCCUR? 19 66 ta	e City, give exact location) 19 inian death accurred an to 23B. DATE SIGNED 2/2 9/6 6
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Day) (Year) (HOTT) (APPROX.) 22. I certify that (I) (this haspital) of that (I) (we) last saw the deceased a and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BUHIAL	ON FOR WHICH OPERATION MED 21 B. PLACE OF INJURY (e.g., i home, form, foctory, sheet, o etc.) 10 ur) 21 E. INJURY OCCURRED While At Not While At Work At Work At Work At Work M.D. Att. Phy M.D	21F. HOW DID INJ 22F. HOW DID	IN CERTIFTING CA (If in Boltimor URY OCCUR? 19 66 ta	e City, give exact location) 19 inian death accurred an to 23B. DATE SIGNED 2/2 9/6 6
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Day) (Year) (HOTEL) (APPROX.) 22. I certify that (I) (this haspital) of that (I) (we) last saw the deceased a and haur and fram the causes stated 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type) P. J. OSKES 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BUHAP 1 DUHAP 1 ON THE SIGNIFICANT REMOVAL (Specify) P. J. OSKES AND THE CREMATION, 24B. DATE REMOVAL (Specify) DUHAP 1 ON THE SIGNIFICANT REMOVAL (Specify) P. J. OSKES AND THE CREMATION, 24B. DATE REMOVAL (Specify)	ON FOR WHICH OPERATION MED 21 B. PLACE OF INJURY (e.g., i home, form, foctory, sheet, o etc.) 10 ur) 21 E. INJURY OCCURRED While At Not While At Work At Work At Work At Work M.D. Att. Phy M.D	21F. HOW DID INJ 22F. HOW DID	IN CERTIFTING CA (If in Boltimor URY OCCUR? 19 66 ta	e City, give exoct locotion) 2 19 inian death accurred an experiment of the control of the con



10/0-10H02200	BALTIMORE (CITY HEALTH DEPARTMENT	. 00 (1000)
BIRTH NO. 66-04022-66 (11 M.E. CASE NO.	.973 CERTIFIC	CATE OF DEATH Registered	10.66 (119/3
I. NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH
GREEK, BA		2-18-66	4:10A
FULL NAME OF (If not in hospitol o	r institution, give street	A. STATE B. COUNTY MARYLAND Anne Ar	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN ()I outside city limits, wr	ite RURAL and give township)
I/O ST AGNES HOSE	NITAL	D. STREET ADDRESS () frurol, give location)	ZONE 25 22
ST. AGNES HOSE		5813 REDMOND STREET	
FEMALE WHITE	MARRIED, NEVER MARRIED	2-17-00	Months Doys II Under 24 Hr
tOA. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired)	108. KIND OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE 3. FATHERS NAME	NONE	Baltimore, Md.	U. S.
JOSEPH GREET	ζ.	AGNES MARIE DEGA	NACH Decanich
5. Was Deceased Ever in U. S. Armed Forc	es? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (II yes, give wor or dotes	None	ST. AGNES HOSPITAL -C	CATON & WILKENS
18. 15 6/ 5 T		E OF-DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRI	CTLY	Property D	
(This does not mean the mode of	dying, e.g., DUE TO	Oremetuney.	
heart failure, asthenia, etc. It means injury or camplication which caused	the disease,	P. DUI C	
ANTECEDENT CAUSES	(B)	Mesp. To here June	dime
DISEASES OR CONDITIONS, if a	DUE TO	7 0 - CO AV	7-00
rise to the obove couse (A)		. Conglin tal Hear	l Defect
UNDERLYING CONDITION last.		11	/
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT	TED TO THE		
	ITION FOR WHICH OPERATION	NO 20A. AUTOPSY? (Yes or No.) 20B.)F YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e home, form, foctory, stree etc.)		more City, give exact location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not Work At V	While Order	
22. I certify that (1) (this haspital)	attended the deceased fram	FEBRUARY 17 1966 10	FEBRUARY 18 19 66
that (I) (we) last saw the deceased	alive on FEBRUARY	1.81966 and that in(my) (aur)	
and haur and from the causes state	ed abave, (I) (We) (did) (did no	it) view the bady after death.	
I harange	M.D.	Attending Med. Stoff	23B. DATE SIGNED
230 BHACKETOWN	M.D.	Phys. Director Phys.	2-18-66
23C.PHYSICIAN'S NAME (Type)	N	23D. ADDRESS A.D. St. Agnes Hospital Bal	to. Md.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of		(City, town, or county) (State)
REMOVAL (Specify)	7066 Helm Con-	Compton	
Burial Feb. 19.	1966 Holy Cross	Cemetery Ritchie Hwy.	A. A. Co. Md.
EER 2.4 1966 (2.0)	8-2. 7. 12. us	George J. Gonce 4001	
/S 150-BEV 1/1/65	M. C. MONDAILING	4002	

tanding Familia

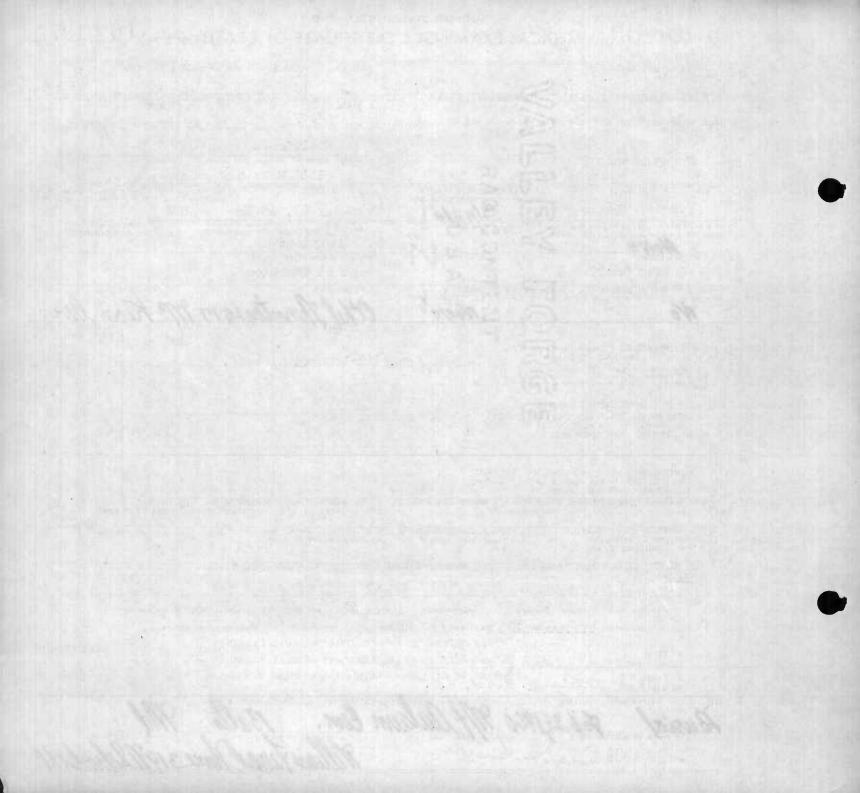
	ATE OF DEATH Registered No.66 01975
M.E. CASE NO. 66 01975 CERTIFICA	ATE OF DEATH Registered No.
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print) Martha Kasper	February 21 1966 7 3.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before of
FULL NAME OF (If not in hospital or institution, give street	Marchand 28-04
HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Sinai Hosp	Baltimore
Ha Balto md	D. STREET ADDRESS (If rural, give location)
Balto ma	5502 medwickgarth
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under Months Doys Hours
FWM	august 3, 1912 53
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housevite Dogestic	Maryland US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A1=1 8= 1 8 - TE	Tão Marka
NELSON SMITH. 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Tes, no of unknown) (If yes, give war at dates at service) SECURITY NO.	
NO NONE 212.03-904	
18. / 25 TO 1	DF DEATH INTERVAL BETW
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., DUE TO	ntestinal alstruction Digg
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
ANTECEDENT CAUSES (B)	tastatic Ovarian Quiaro, 1
DISEASES OR CONDITIONS, if any, giving	Caranoma
rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	al Debility dyen
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No! 208. IF FES. WERE FINDINGS CONSIDERED IN CENTERING CAUSES OF DEATH?
Feb. 15,1966 WAS PERFORMED OUST	· ges
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in ar about M.C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examined)	
Q 21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Whi Wark At Wark	le
22. I certify that W(this hospital) attended the deceased from	
that M (we) lost sow the deceosed olive on Tehrnan	2 19 ond that in (my) (our) opinion death occurred on
ond hour and from the couses stated above. (I) (We) (did) (did not)	
	lending Med. Stoff Feb. 238, DATE SIGNED
levien I Himelan Phy	ys vinys
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
IERREN MINELFARBO	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CR	
Burial 2-25-66 M=11-11-11	MEMORIAL HARRED County Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL BIRSCTOR FUNERAL HOMADDRESS
FER 24 1966 AD 42 Z. O. u. h	Transing miles 2101 tulinion
'S 150-REV. 1/1/65	Married M. Wenney and Languages



66	0197645	BALTI	MORE CITY HEA	LTH DEPARTME	NT OF F	NEATH.		
M.E. CASE NO.	0197 MED	ICAL EXAM	VILLER 2 C	EKTIFICA	TE OF L	PEATH Regist	ered No	11 1 O 3C
1. NAME OF DE	CEASED				2. DATE ANI	HOUR PRONOUNG	CED DEAD	1111/0
(Type or Print)	NORMA		TAYLOR		Febr	uary 17, 19	966	10:25 p
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNCED	DEAD	A. STATE		deceased lived. If in:		nce before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, ATION)	, GIVE STREET	C. CITY OR TO		corporate limits, wri	te RURAL ond	give township)
43 Sou	th Baltimore	General Ho	spital	D. STREET AD	DRESS (If rurol,	give locotion) rles Street	-0-(}
5. SEX	6. RACE	7. MARRIED, NEVE WIDOWED, DIVOR		B. DATE OF BIR		9. AGE (In years last birthday)	If Under 1	Yr. If Under 24 Hrs.
Female	Negro UPATION (Give kind of wor	ATOB KIND OF BUSH	WESS OR INDUSTR	YII. BIRTHPLAS	(State or foreign	72	12. CITIZEN	OF
done during most of	working life, even if refired)	Domes	1.0	Cheste	HOWN	Md.		COUNTRY?
13, FATHER'S HA	am & Taul	Post .		T4. MOTHER'S	MAIDEN NAME	9		
	ED EVER IN U.S. ARM EI		CIAL CURITY NO.	17. INFORMANT	240	,	ADDRESS	1/2
No		219	7-14-4165	Kenne	anton	son 1601	1/3 1/orl	ave.
18. 42	2.11		CAUS	E OF DEATH				NTERVAL BETWEEN
DISEA	SE OR CONDITION D	IRECTLY	Arte	riosclero	tic Card	iovascular	Disease	
heort foilure	not meen the mode of c, osthenio, etc. It meen mplication which caused	s the disease.	DUE TO	10361610	Lie Gara	TO AGGGTAT	Discase	
DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO		*******************			
UNDERLYI	NG CONDITION LAST.	TATING THE	(C)					
<u> </u>	ll l							
S TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE				•••••••••••		
19A. DATE OF	F OPERATION 198, CON	NOTION FOR WHICH	- OPERATION	20 A. AUTOPS		20B. IF YES, WERE FIN CERTIFYING CAL		
O UNDERLYING	CAUSE WAS OR CONTRIB- USE OF DEATH.	21B. PLACE home, form etc.)	OF INJURY (e.g.,	in or about 21C. office bldg., INJU	WHERE DID (RY OCCUR?	If in Boltimore City,	give exoct loco	tion)
21D TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour) 21E. IN	JURY OCCURRED	21 F. I	ULNI DID WOH	RY OCCUR?		
(APPROX.)		m. WHILE WORK	AT NOT	WHILE				
22. 1 cer	tify that I held an	Inquiry Ins	pection Au	topsy 🗓 a	nd that on thi	s bosis, death In	my opinion	
resu	Ited from: Natural ca	uses X Accide	nt Suicle	de 🗌 Homi	cide 🗌 U	ndetermined man	ter .	
ACTUA		alles Ke	ely M.C		MEDICAL EX MEDICAL EX	-		DATE SIGNED
SIGNAT EXAMIN NAME (NER'S	s S. Petty,	O m.c	*	MEDICAL EX			2/18/66
23A. BURIAL CRE	MATION, 23B, DATE		ME OI CEMETERY	or CREMATORY	23.5	CATION (Cit	A. Ash was .	(Stote)
EULIAL 24A, DATE REC'D	Jel 2	248, NAME OF RE	GISTRAR	No Cem	RAP DIRECTOR	10-	7/1A	DRESS
EER 2.4	1966 R. C. L			Mil	lans F	ines of Ho	40 3199	laham dels
VS 151-REV. 1/1/		, , , , , , , , , , , , , , , , , , , ,			· M	vice or Jim	w 0/ / //	7-01100 00-11

Dea 14/873

	66-04131		BALTIMORE CITY HEAL			
BIRTH NO	6 01977 MEDI	CAL EX	CAMINER'S CH	ERTIFICAT	TE OF DEATH Regis	stered No.66 (11.977
M.E. CASE						
1. NAME C	OF DECEASED				2. DATE AND HOUR PRONOUP	NCED DEAD
	PAMELA		THORNTON		February 20, 1	
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	8. C	nstitution: residence before admission) OUNTY
FULL NAM	E OF (IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET		ryland VN (If outside corporate limits, w	rite RURAL and nive township)
INSTITUTION	N ADDRESS OR LOCA	(IION)			1timore	T-1
2 Mer	cy Hospital				RESS (If rural, give location)	1000
51	,			15	17 McKean Avenue	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeo lost birthdoy)	rs If Under 1 Yr. If Under 24 Hrs.
Fem	ale Negro	WIDO WED,	DIVORCED(specify)	February		Months Days Hours Min.
	OCCUPATION (Give kind of work	TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fareign country)	12. CITIZEN OF
done during h	nost of working life, even if retired)			Mary	land	WHAT COUNTRY?
13. FATHER				14. MOTHER'S M		
	bert Smallwood			Ethel '	Thornton	
	CEASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	11 1	ADDRESS
No			None	19th117	Menton 1517 M	12 Kinn Bloc.
18.	34.5	-10.3	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DI					ONSET AND BEATH
(This	LEADING TO DEATH		(A) Conge	nital Hear	rt Disease.	
heart	foilure, osthenia, etc. It means or complication which coused	the disease,	DOE 10			
	ANTECENDENT CAUSE	c				
	ASES OR CONDITIONS, IF A	NY, GIVING	(B)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************
	TO THE ABOVE CAUSE (A) ST ERLYING CONDITION LAST.	ATING THE				
Z			(C)			
OI DISE.	II R SIGNIFICANT CONDITIONS	CONTRIBILITIE	NG			
OT TO	THE DEATH BUT NOT REL	ATED TO T				
19A. DA	TE OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
0 0	WAS PERI	FORMED		Yes	IN CERTIFYING CA	AUSES OF DEATH? Yes
UNDERL	TERNAL CAUSE WAS YING OR CONTRIB- CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i , farm, foctory, street, o	ffice bldg., INJURY	VHERE DID (If in Boltimore City, OCCUR?	give exoct location)
≥ 21 D TIA) (Hout) 2	TE. INJURY OCCURRED	21 F. H.C	OW DID INJURY OCCUR?	
OF INJU			WHILE AT NOT			
22.			WORK L AT W			
	I certify that I held an I				that on this basis, death in	n my apinion
	resulted from: Natural cau	uses X	Accident Suicide			nner
AC	TUAL (1)		/_		EDICAL EXAMINER	DATE SIGNED
	SNATURE (riles?	M.D.		EDICAL EXAMINER	0 100 100
	AMINER'S Charles	S. Pet	ty, M.D.	ASSOCIATE M	EDICAL EXAMINER	2/21/66
23A, BURIA	L CREMATION, 238. DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23D. LOCATION	ity topy, of county) (Stote)
REMOVAL	Specify John 90	19/0/	11/4/11/6/14	y Foun	Balty	YIM
24A. DATE	REO'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
EEB	2 4 1966 Robat	E. Fan	UseyMA	Willes	ins Finand Hans.	3198 Schimbell



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

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Letter from Bry Secrew Appetal

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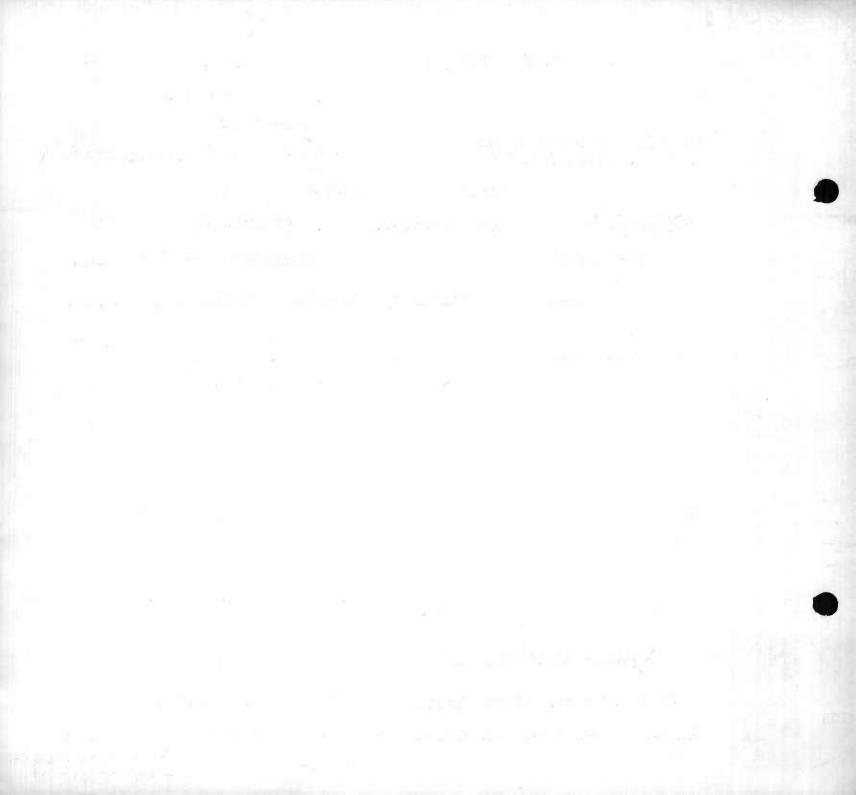
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VS 150-REV. 1/1/65



8-606

BIR	TH NO.		WEDI	CALEX	CAMINER'S CI	RIFICALE	OF D	EAIH Register	ed No	
	E CASE NO.									
(Ťy	Pe or Print)	EASED		Johnni	e Parker		DATE AND	HOUR PRONOUNCE	22/66	1:30 a.
	PLACE IN BALT					A. STATE	CE (Where d	B. COU	tution: resid	dence before odmission)
HO	LL NAME OF	ADDRESS	OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN	<i>y</i>	corporate limits, write	RURAL of	
3	31					D. STREET ADDRES	S (If rurol, g	give location)	_	
5. 9	·EV	6. RACE	Cit	y Hospi	tals NEVER MARRIED	B. DATE OF BIRTH	Vatervi	ew Rd.	TIC Hada	1 V 16 II 1 24 II
٥. :		(2.27)		WIDO WED,	DIVORCED (specify)		1007	9. AGE (In years lost birthdoy)		1 Yr. If Under 24 Hrs. Doys Hours Min.
104	male	White	kind of work		APP160 F BUSINESS OR INDUSTRY	July 16			12. CITIZI	EN OF
don	e during most of w	vorking life, ever	if retired)						WHA	T COUNTRY?
13.	COOL Re-	pair M	an	Ship	yard	North		Ina	Ţ	J.S.A.
	Jame	s Will	iam F	arker		Ellen B	rinkl	ev		
15. (Ye:	WAS DECEASE	D EVER IN U.	S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No				230-186-248	Thelma	Price	e Parker,	same	as #4
	18. 4 9	2.1.			CAUSE	OF DEATH		A PATLED TO		INTERVAL BETWEEN
	DISEAS	E OR COND	ITION DIE	ECTLY					100	ONSET AND DEATH
		LEADING T	O DEATH		Arterio	sclerotic	cardio	vascular di	sease	
	he ort foilure.	osthenio, etc. nplication whic	It meons	the disease.	DUE TO					
		NTECEN DEN	T CALISE	,					200	
		OR CONDITIO			(B)DUE TO			*****************		************************
	RISE TO THE	E ABOVE CAL	JSE (A) ST	ATING THE	501.10					
Z					(C)					••••••••••
CERTIFICATION	TO THE	II NIFICANT COI DEATH BUT	NOT REL	ATED TO T			-	Boots I		
2TIP	DISEASE OF	CONDITION			WHICH OBERATION	20 A ALITOREY2 ()	(a Na) [2	OD IF YES WESE SIN	DINGS 6	ONCIDENCE
	2		WAS PERF		WHICH OPERATION	yes 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES				
MEDICAL	UNDERLYING UTING CAU	OR CONTRIB.		21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. WH ffice bldg., INJURY O	CCUR?	in Boltimore City, giv	e exoct lo	cotion)
2	21 D TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)	V	VHILE AT NOT NORK	WHILE	DID INJUI	RY OCCUR?		
	22. I cert	ify that I he	ld an Ir	iquiry 🗌	Inspection Aut	opsy X and t	hat an this	basis, death in m	y opinla	1
	resul	ted fram: No	atural cau	ses X	Accident Suicide	Hamicide	U.	ndetermined manne	r 🗌	
	ACTUAL		Im	sh.	Ent 40	ASSISTANT MED		-		DATE SIGNED
	EXAMIN NAME (1	ER'S	rner l	J. Spit:	/ >	ASSOCIATE MED			2/	22/66
	BURIAL CREA	MATION, 238	DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	town, or o	county) (Stote)
	Burial		2/25/	66	Gardens of	Faith	Ba:	ltimore, Ma	aryle	and
24/	A. DATE REC'D	BY HEALTH	DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR		A	DDRESS
	FES 24	1966	20 8	10 7	a.ms	Walter	Brook	ks Bradle;	y,Inc	.,Dundalk
VS	151-REV. 1/1/	65	4				0 3		- 11	

4 1991, 11 301 The Real Property of the Court equity 60, sample 100 and as the transfer of New Yorks and Interest The court of the same of the s

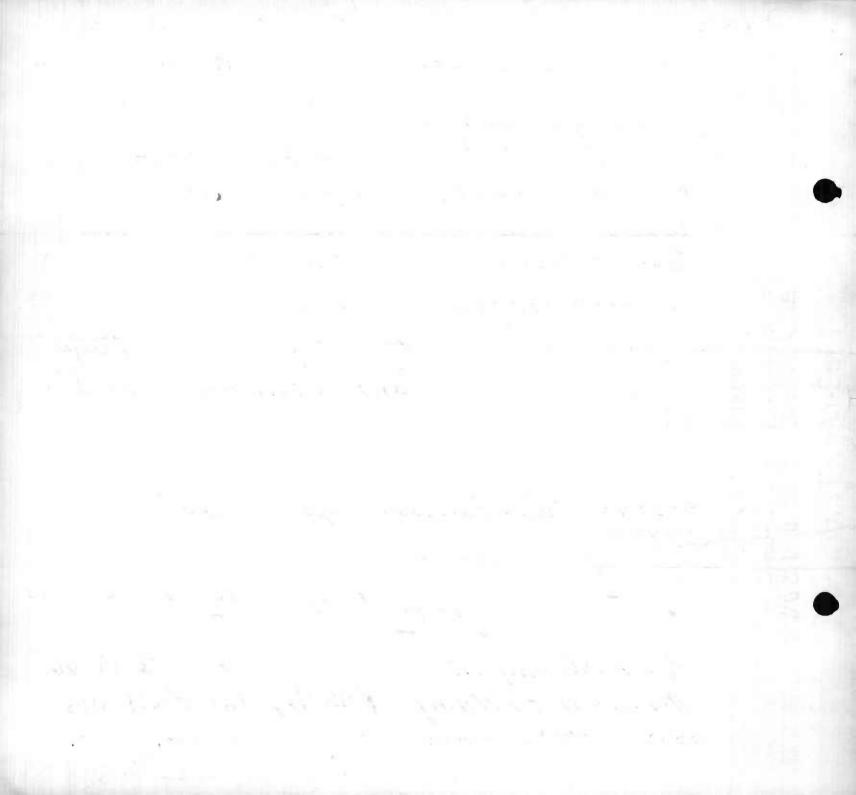
IMPORTANT

DIRECTOR:

UNERAL

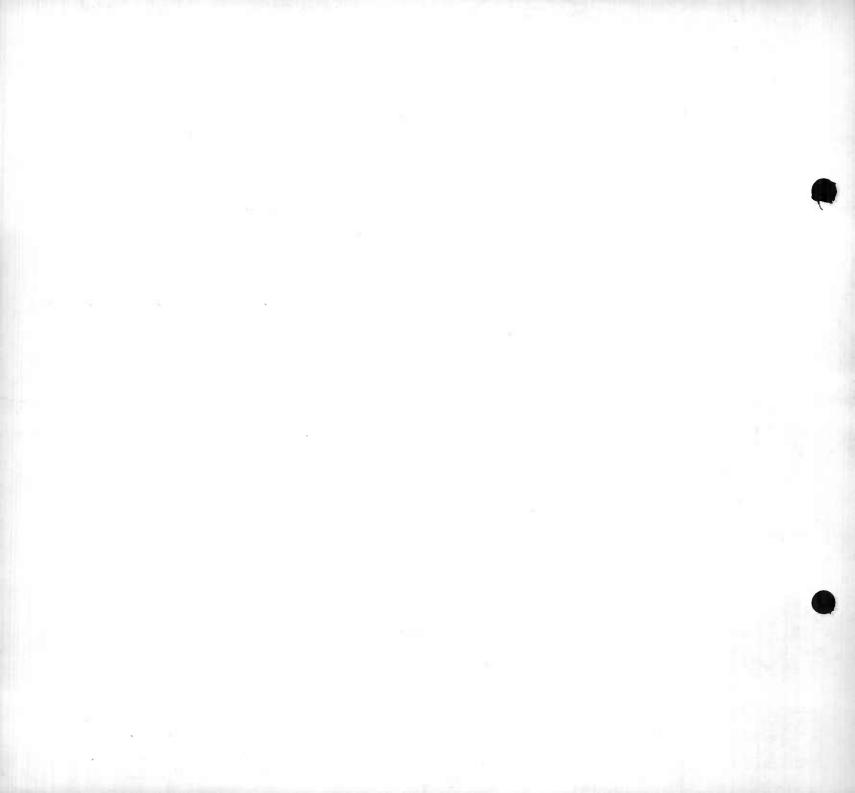
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO.	MED	ICAL EXAMINER'S C	ERTIFICAT	E OF	DEATH Registered No.	
M.E. CASE NO.						
1. NAME OF DE	CEASED			2. DATE AN	D HOUR PRONOUNCED DEA	D
Trype or runn	DANIEL GRA	Y		Feb	ruary 22, 1966	9:30 P M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE		deceased lived. Il institution: 16 B. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET			e corporote limits, write RURAL	ond give township)
00 2	236 Druid Hil	1 Ave	D. STREET ADDR	Ltimore		03
17.32	200 DIGIG HILL		223	36 Drui	d Hill Ave.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH	1		der 1 Yr. II Under 24 Hrs.
male	negro	Matried	Feb.	20-	20 43	
	UPATION (Give kind of work working life, even if retired)	TOB. TOND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig		HAT COUNTRY?
anem	ployed		13017	0. 11	14.	(. S. H'
13. FATHER'S NAM	ME P	P 1	14. MOTHER'S M.	AIDEN NAM	E C	
15 WAS DECEASE	ED EVER IN U.S. ARMED	FORCES? IIB. SOCIAL	0272	h (green ADDR	ESS
	n) (II yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANT		ADDR	533
445	2-19-43-	- 10-437				
18J	SE OR CONDITION DI		OF DEATH			ONSET AND DEATH
	LEADING TO DEATH	Chroni	c ethylism	n		
(This does heart failure injury or co	not meon the mode of c, osthenio, etc. It meons emplication which caused	dying, e.g., DUE TO deoth.)	,			
	ANTECENDENT CAUSE					
	OR CONDITIONS, IF A	(P)			••••••	
RISE TO TH	HE ABOVE CAUSE (A) ST	TATING THE				
z		(C)				• • • • • • • • • • • • • • • • • • • •
I S	II -					
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE					FI I I I I I I
E DISEASE C	R CONDITION CAUSING	3 IT				
U J PA. DATE O	F OPERATION 1198. CON WAS PER	FORMED	ves	? (Yes or No)	208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
UNDERLYING	L CAUSE WAS	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street,	in or obout 21 C. W	HERE DID		l locotion)
i iii	JSE OF DEATH.	etc.)				
21D TIME OF INJURY	(Month) (Doy) (Yeor	r) (Hour) 21E. INJURY OCCURRED	21 F. H.C	DINI DID INJ	URY OCCUR?	
(APPROX.)		WHILE AT NOT	WHILE ORK			
22. I cer	tify that I held on I	nquiry Inspection Aut	opsy X one	that on th	is bosis, deoth in my opin	ion
resu	Ited from: Noture/sco	uses XX Accident Suicid	e Homici	de 🗌 📗	Undetermined monner	
	1/1/1	5- 8-7 ()	CHIEF MI	EDICAL EX	KAMINER 🗌	DATE SIGNED
SIGNAT		Illilles celimo	ASSISTANT MI			DATE SIGNED
EXAMII NAME ((Type) Rudiger	Breitenecker, M.D/	ASSOCIATE M	EDICAL E	XAMINER	2-23-66
23A, BURIAL CRE	lv)	23C. NAME OF CEMETERY		23D. L	OCATION (City, lown, o	or county) (Stote)
Burjal	2-28-1	66 Balto Natio		Be	altimore	Md
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME OF REGISTRAR	10	AL DIRECTOR	, 14.	ADDRESS
FER	9 4 1088 0 0	e. a. T. a	(wa	ence	Imorralson	au.
VS 151-REV, 1/1,	/65	The Additional Control of the Contro		100.00		

Burial 23866 Barton Nutrianal Baltinione



shows: (1)

deceased

Mas

and

hospital

uo

deat attendance

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

FULL NAME OF HOSPITAL OR

13. FATHER'S NAME

UNKHOWN

GLOBE BREWERY

11

(Month) (Doy)

19A. DATE OF OPERATION

DEATH (notify medical examiner)

INSTITUTION

5. SEX

CERTIFICATION

MEDICAL

21 D. TIME

OF INJURY

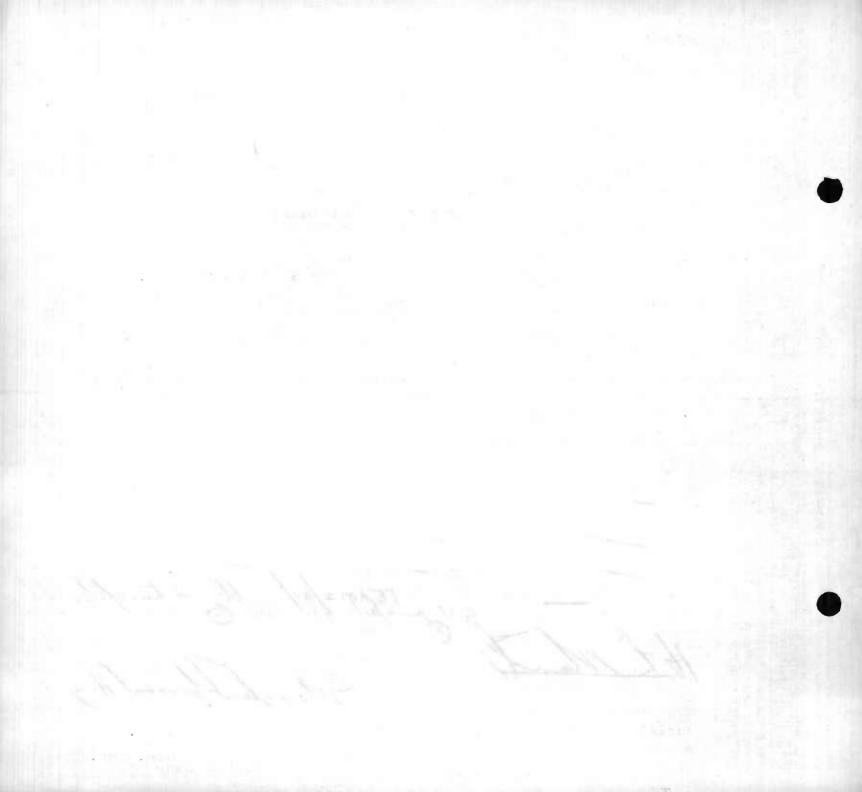
(APPROX.)

23A. SIGNATUR

23C PHYSICIAN

NAME (Type)

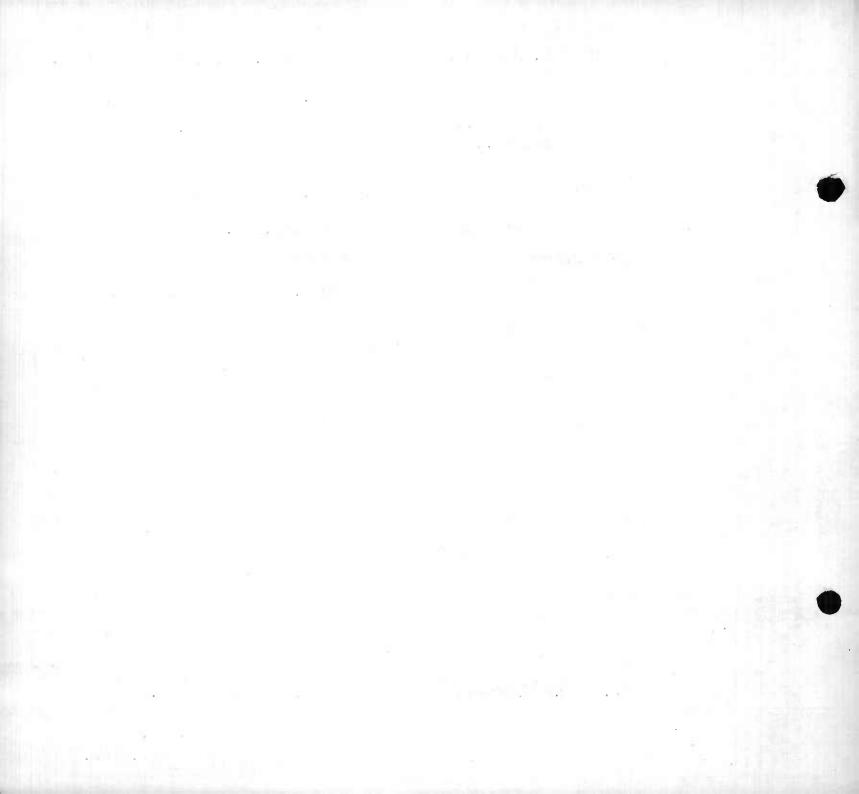
(Type or Print)



VS 150-REV. 1/1/65

a hospital and

	NO. OO	111988	CERTITIO	CATE OF DEATH	D HOUR OF DEATH	00 01000				
(Type or Prin		ARY V.	JOSEPH	Feb. 22, 1966 9 a.						
B. PLACE O	F DEATH IN BALTI	MORE, MARYLA	ND.		deceased lived. Il in:	stitution: residence before admission)				
FULL NA			titution, give sheet	Md.	9	7-01				
HOSPITA	ON	Eugen	Ανιο	C. CITY OR TOWN (II outs		(URAL and give township)				
1 4				D. STREET ADDRESS (II in						
00	Dal	.Imore,	Md., 21206	Baltimore	9					
. SEX	6. RACE		ARRIED, NEVER MARRIED		ost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.				
fema			single	June 6, 1881	84					
	OCCUPATION (Give nost of working life, eve		KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?				
	ewife		at home	Baltimore, M	4d.					
3. FATHER		7 1		14. MOTHERS MAIDEN NAM	1 E					
	Edward	^		Mary Cull						
5. Was Dec Yes, no or un	known) (II yes, give	Armed Forces? wor or dates of	Service) 16. SOCIAL SECURITY NO.	Elsie M. Stei	inmuller,r	neice, above				
18. 5	SIVI		CAUS	OF DEATH		INTERVAL BETWEEN				
0	SEASE OR COND	ITION DIRECTI	Y		^	ONSET AND DEATH				
	LEADING TO	DEATH	(A) (P	self hemipa	acadent	c 6 days				
	oes not mean the		g, e.g., DUE TO	0.14	A SCHOOL STATE OF THE STATE OF					
	ailure, asthenia, etc. or camplication whi		h.)	elyo nempa	ush					
	ANTECEDENT	CAUSES	(B)	V						
DISEAS	ES OR CONDITIE	ONS. if any.	DUE TO							
rise 1	a the abave co	use (A) slat			*********************	•				
UNDER	LYING CONDITIO	N (asl.								
Z	SIGNIFICANT CON	DITIONS CONT	DIRITING							
E TO TI	HE DEATH BUT	NOT RELATED								
U 19A. DA	TE OF OPERATION	198. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)						
19A.DA		WAS PERFORM	ED		IN CERTIFYING CAL	USES OF DEATH?				
U 21 A. AC	CIDENT WAS UND	ERLYING T	218. PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)				
	(notily medical exam		etc.)	, , , , , , , , , , , , , , , , , , , ,						
Q 21 D. TIA		y) (Yeor) (Ho	ut) 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
E OF INJU			While At Work	White						
22 1		1 11 12 11		1	•	23//				
			ended the deceased fram		9ta	2 - 2 4 19 6				
that (1)				19.6 and tha	t in (my) (aur) apli	nian death accurred an the da				
	uryand from the co	uses stated a	bove. (I) (We) (did) (did na	t) view the bady after death.						
		11/				23 B. DATE SIGNED				
	MATURE		M.D.		Stoll Phys.	7/22/1/				
	harl	X/C	ulun			2/25/WW				
23A. SIO	harl	1		23D. ADDRESS		425/66				
23A. SIO	rand	Y/Co	Vuchn			925/06				
23A. SIG	rsician's ME (Type Dr. F	1	Vuchn	.D. 23D. ADDRESS 721 Medical	Arts Bldg	ty, town, or county) (State)				
23A. SIG	rsicians ME (Type) C CREMATION, 24B VAL (Specify)	rank G.	Kuehn M	23D. ADDRESS 721 Medical CREMATORY 24D. LO	Arts Bldg	ty, town, or county) (Stote)				
23A. SIG 23C. PN NA 24A. BURIAL REMO BUY	rsicians ME (Type) C CREMATION, 24B VAL (Specify)	rank G. DATE 2/24/66	Kuehn	23D. ADDRESS 721 Medical CREMATORY 24D. LO	Arts Bldg	ty, town, or county) (State)				



CERTIFICATE OF DEATH

Registered No.

,00

If Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

ONSET AND DEATH

2-22 1966

InC.

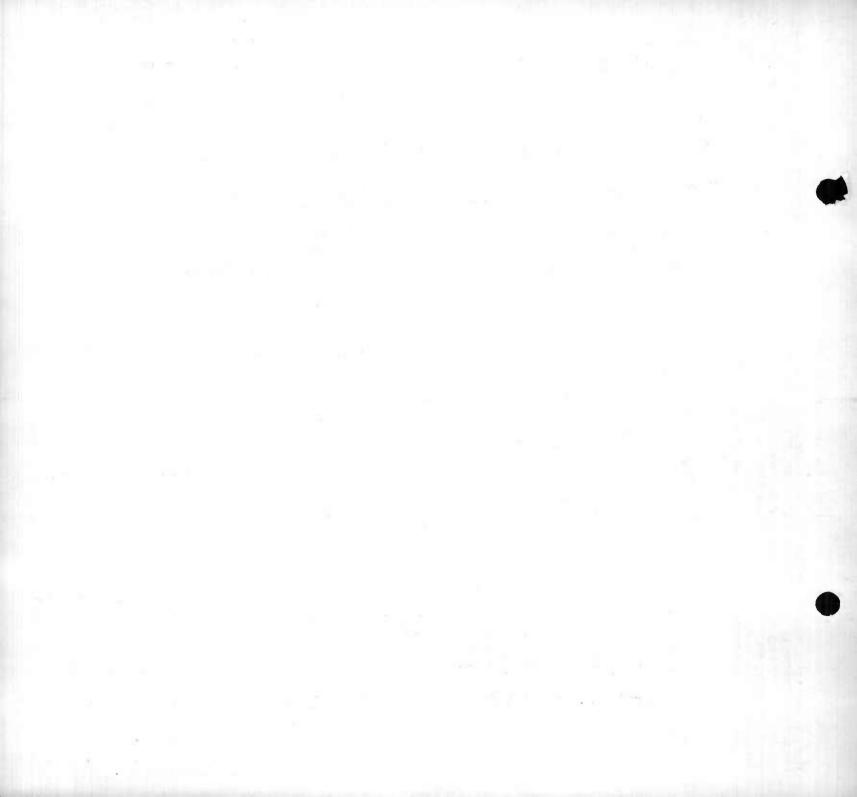
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DIRECTOR:

BIRTH NO.

M.E. CASE NO.

VS 150-REV. 1/1/65



IMPORTAN DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 RIGUEZ) Feb. 21, 1966 M.

A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Convent Records, 1001 W. Joppa Rd. Towson, Md. INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED (If in Boltimore City, give exact location) 19.66 and that in (my) (aur) apinlan death accurred an the date 23 B. DATE SIGNED 2.22-64 (City, town, or county) enton Ximmer 4611 Park Heights Ave.

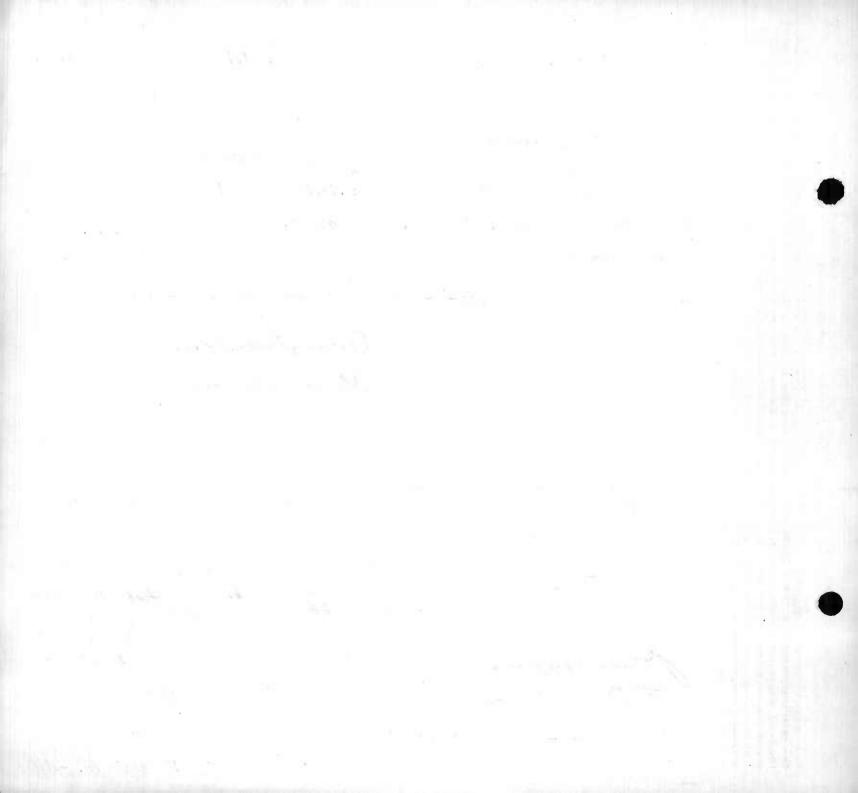
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VS 150-REV. 1/1/65

Such

	00 010	11	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	66 019	11	CERTIFICA	TE OF DEATH	Registered No	·66 ()1.991.
M.E. CASE NO. 1. NAME OF DECEA (Type or Print)	Pierce S.	Spano	ler		AND HOUR OF DEATH	11 A.
PLACE OF DEATH	IN BALTIMORE, A	ARYLAND		4. USUAL RESIDENCE (V		institution: residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospit oddress or loco		on, give street	Maryland		RURAL ond give township)
A				Baltimore	2	
20	3727 Rasp	e Avenu	ue	D. STREET ADDRESS 3727 Ras	(If rural, give location) pe Avenue	
Male 6.	White	WIDO	HED, NEVER MARRIED WED, DIVORCED (specily)	0ct. 18, 1884	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	king life, even if retired	1	o. Fire Dept.	11. BIRTHPLACE (Stole of York Pa.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
FATHERS NAME	Spangler			14. MOTHER'S MAIDEN	NAME	
	rer in U. S. Armed I yes, give wor or d	orces? otes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	c ,	ADDRESS
No			220-44-6293	Katie Wentz	Spangler -	Same
18. 426	1/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION I			C. TI	1	
	meon the made		e.g., DUE TO	Coconary 1	nombour	/ / 000
heart failure, as	Ihenia, elc. II mea cation which caus	s the dise		Overany the		1
	TECEDENT CAUS		(8)	Wheron	cleron	5 you
	CONDITIONS, is		DUE TO			
rise to the	above cause (A					
UNDERLYING	CONDITION lost.					
TO THE DEA	CANT CONDITIONS TH BUT NOT RE	LATED TO				
19 A. DATE OF O	PERATION 198. CO		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF edical examiner)		21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DIE fice bldg., INJURY OCCUR	(II in Boltimo	ore City, give exact location)
21D. TIME (F	Month) (Doy) (Yes	r) (Hour)	21E INJURY OCCURRED While At Not While Work At Work		INJURY OCCUR?	
22 1	. (1) (.1) - 1	. 13			20 6 4	1 1 -1 10 11
			ed the deceased from	4	19 P.Lto	Feb 21 1966
	st saw the deceo					pinion death accurred on the d
	rom the couses s	oted above	e. (I) (We) (did) (did not) v	iew the body ofter deo	th.	DATE CONTR
23A. SIGNATIONE	ne My	one	M.D. Atte	ending Med. Director	Stoff Phys.	2-23 -66
23C PHYSICIAN	Duran	Mane	e.c M.D.	3/05 L	Beloir 1	21.
A. BURIAL CREMA	ATION. 24B. DATE	240	C. NAME of CEMETERY of CRE	MATORY 240	LOCATION (City, town, or county) (State)
Burial BA. DATE REC'D BY	2-24-	66 258 NAA	Prospect Hil	Cemetery 25C. FUNERAL DIRECT	York Pen	nsylvania ADDRESS
FE2 24	1966 R.D	68	Farlinger	John C. Mil	ler Inc. 641	5 Belair Rd2120

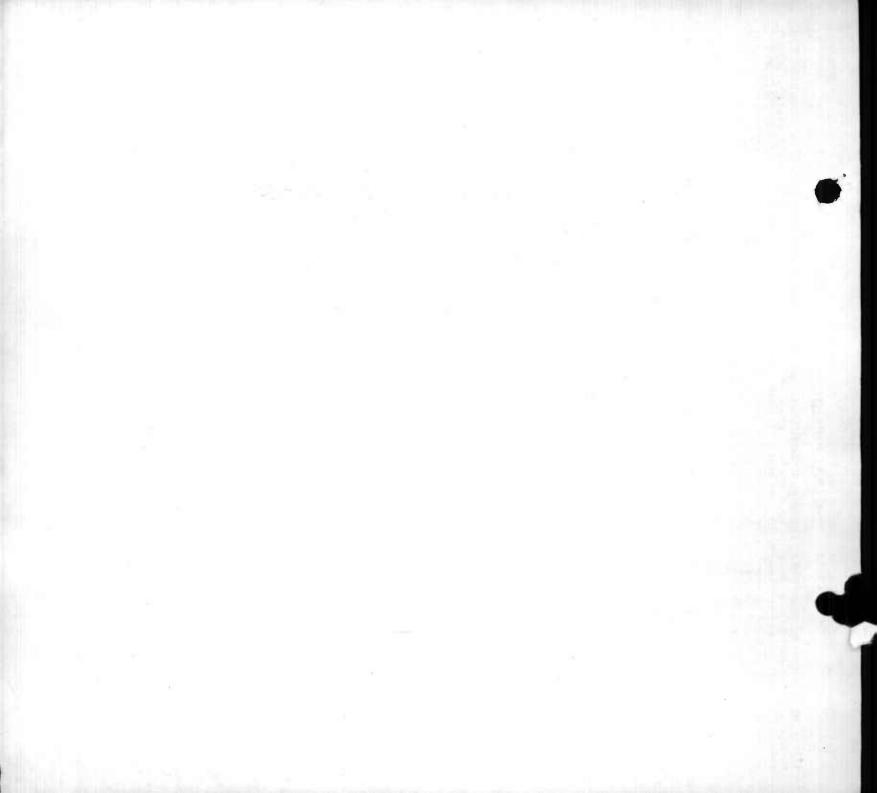
6415 Belair



IMPORTANT

FUNERAL DIRECTOR:

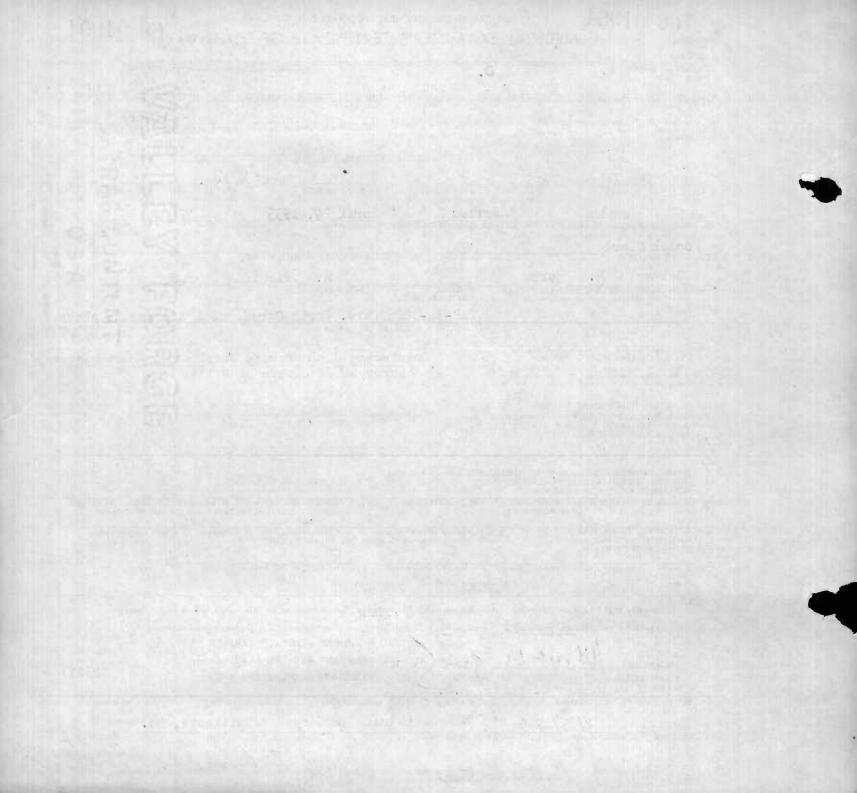
BALTIMORE CITY HEALTH DEPARTMENT



C-628

	BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL	EVALUEDIC CENTIFICATE

	66 (11994			BALTIMORE CITY HEAL	TH DEPARTME	NT		X,	00 01	004	
BIR	TH NO.	M	EDI	CAL EX	AMINER'S CI	ERTIFICA	TE OF	F DEAT	H Registe	red No.	334	
M.	E CASE NO.											
	NAME OF DEC	CEASED		D.			2. DATE	AND HOUR	PRONOUNCE	ED DEAD		
lity	pe or Printl		Fra	ncis	Corsa				2/21/6	6	6:00	D
3. 1	LACE IN BALT	IMORE, MARYLAN				4. USUAL RESIL	EN CE (Wh	nere deceosed				
							1		B. COU	imore		
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!						WN (If ou	otside corporat	e limits, write	RURAL ond	give townsh	nip)
						Balt D. STREET ADD	imore RESS (If re	urol, give loca	ntion)	00	0-0	11.91
1	1	12 TT	44.1			152	/ Pool	klow Av				
S. S		inai Hosp		7. MARRIED.	NEVER MARRIED	B. DATE OF BIR			GE (In years	If Under 1	Yr. If Unde	r 24 Hrs.
				WIDOWED, I	OIVORCED (specify)			lost t	pirth do yi	Months D	oys Hours	Min.
	male	white			ried .	April 27,	1935		30		†	
		working life, even if re		OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(St or fo	oreign country		12. CITIZEN WHAT	COUNTRY?	
13.	FATHER'S NAM			1000		14. MOTHER'S A	AIDEN N	AME		1		
	Delma	r H.	Cors	32		M.	Win	vi ni n	Dnoder			
	WAS DECEASE	D EVER IN U.S. A	RMED	FORCES?	16. SO CIAL	17. INFORMANT	ATI	ginia	Brady	ADDRESS		
(Yes	, no or unknown	(If yes, give word	or dotes	of service)	SECURITY NO.							
	4 1 3		HI.		212-34-3026	Mrs. Dor	is Co:	rsa sa	me adda	cess as	above	
	18.	$\bigcirc X$			CAUSE	OF DEATH					NTERVAL BE	
	DISEAS	SE OR CONDITIO	N DIR	ECTLY							MAEL AND	DEATH
		LEADING TO D	PEATH		Subarac	chnoid he	morrha	age ori	ginatin	g from	ruptu	red
	(This does not heart foilure,	not meon the mo osthenio, etc. It mplication which co	de of	dying, e.g.,	DUE TO ane	chnoid he urysm of	circle	e of Wi	llis			
	injury or cor	mplication which co	oused de	eoth.)								
		NTECENDENT C	ALISES									
		OR CONDITIONS			(B)						*******	
	RISE TO TH	E ABOVE CAUSE	(A) STA	TING THE	DOE 10					24		
z	ONDEREIN	40 CONDITION	LASI.		(Cl	0 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0						
O		11										
I ₹	OTHER SIGI	NIFICANT CONDIT	TONS C	ONTRIBUTIN	IG							
CERTIFICATION		DEATH BUT NO			HE							
RT	19A. DATE OF				WHICH OPERATION	20A. AUTOPS	1? (Yes or	No. 208, 1F Y	ES. WERE FIR	NDINGS CON	SIDERED	
Ü	0		S PERF					IN CERTI	FYING CAUS	SES OF DEAT	H?	
4	21 A EXTERNA	L CAUSE WAS		218	PLACE OF INJURY (e.g., i	ye		D (If in Rolli	yes more City, giv	un nunnt lane	tion	
U	UNDERLYING	OR CONTRIB-		home	form, factory, street, o	ffice bldg., INJUR	Y OCCUR?	?	more Crry, giv	ve exoct loco	mon/	
ш	UING - CAU	SE OF DEATH.		etc.l								
Σ	21 D TIME	(Month) (Doy)	(Yeor)	(Hour) 2	E. INJURY OCCURRED	21 F. H	OW DID I	NJURY OCC	UR?			
	OF INJURY (APPROX.)			V	HILE AT NOT	WHILE						
	22.			m₀ V	VORK L AT W	ORK						
		tify that I held a	n In	quiry 🗌	Inspection Aut	opsy 🔀 or	d that on	this bosis,	deoth In m	ny opinion		
	resul	ted from: Natur	ol cou	ses X A	ccident Suicide	Homic	ide 🗌	Undetern	nined monne	ar		
		1 -			7			EXAMINE	purhama .			
	ACTUAL	11104	4.0	1, 0	7 /						DATE SIG	NED
	SIGNAT	10 1 1/2 1	no	101.	M.D.	ASSISTANT A					0/00/	"
	EXAMIN NAME (- \	r U.	Spitz	M. D.	ASSOCIATE I	MEDICAL	EXAMINE	R		2/22/	00
	BURIAL CRE	MATION, 238, DA			C. NAME of CEMETERY .	CREMATORY	231	D. LOCATION	(City,	town, or cou	nty) (Stote)
KE	NOVAL (Specify Burial		5/19	66	New Cathedra	al Cemete	rv	Balti	more, M	13		
244		BY HEALTH DEPT			OF REGISTRAR	24C. FUNE			more, P	40	DRESS / 1	
24/	. DAIL KECD	THEATH DEFT		240 IAWINE	OI REGISTRAR	240. FUNE	AL DIKEC	I O K		2	and to	he
	1 1 3	4 1000 A	6	-		2/2	1 Jin	chance	. 48	2 20	27	PA
VS	151-REV. 1/1/	65	Ever A	C . 619	12	TUTA!		1000	0	10 100	w.	
, ,				-140	CA COLLAND	4						11



CERTIFICATE OF DEATH

IMPORTAN DIRECTOR: FUNERAL

Mas

VS 150-REV. 1/1/65

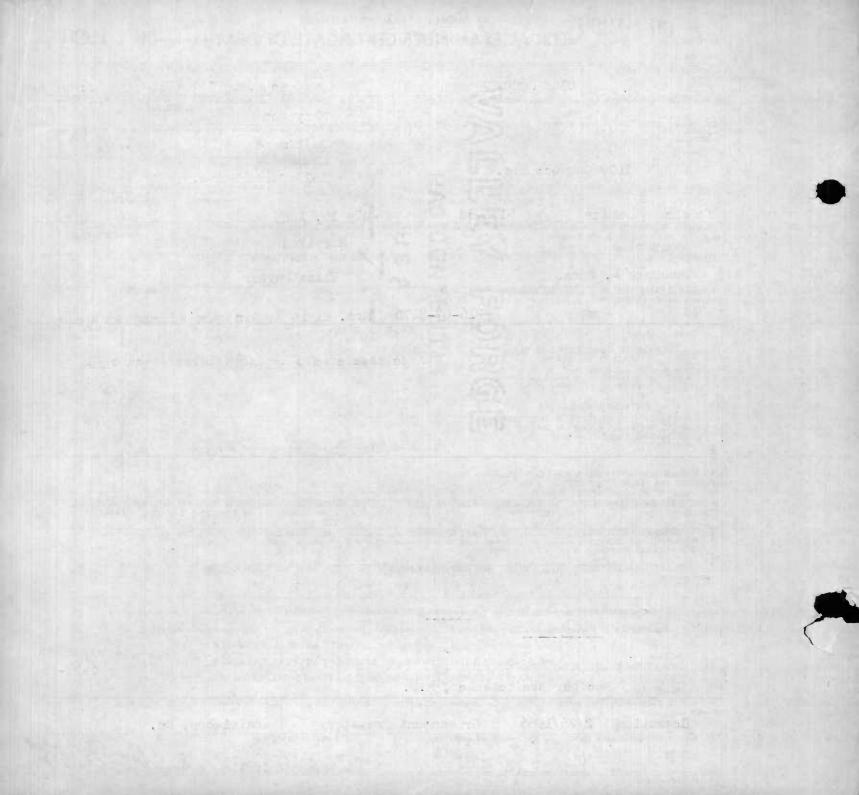
BIRTH NO.

Registered Not 27 VIRGINIA If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? VO (If in Bottimore City, give exact location) and that in (my) (out) apinion death occurred on the date 238, DATE SIGNED (City, town, or county) Virginia

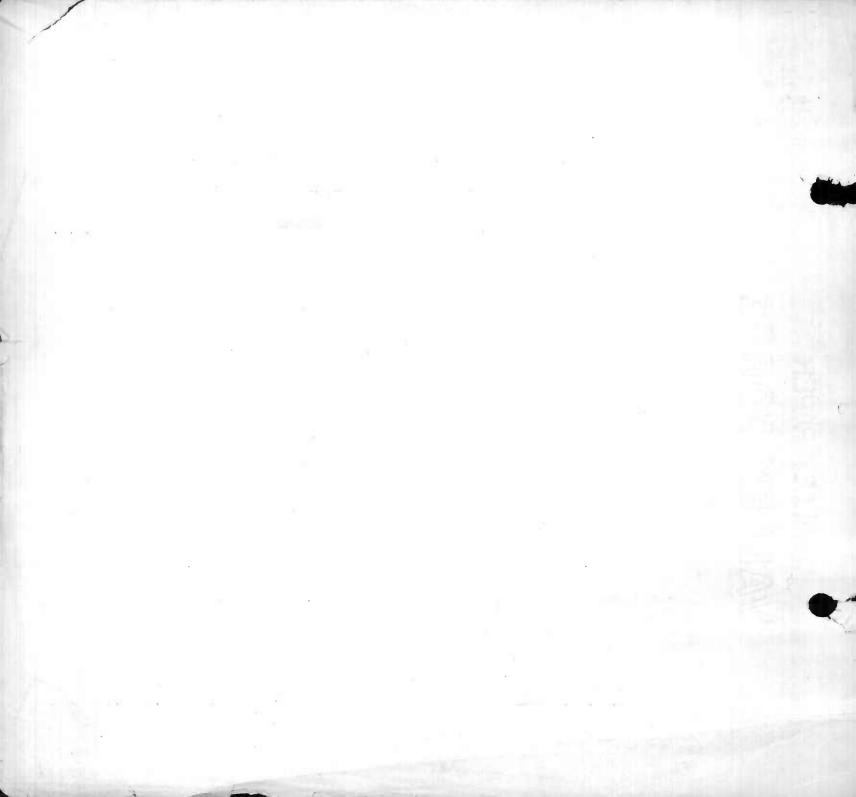
V.S. 153 3-22-66 M.H.

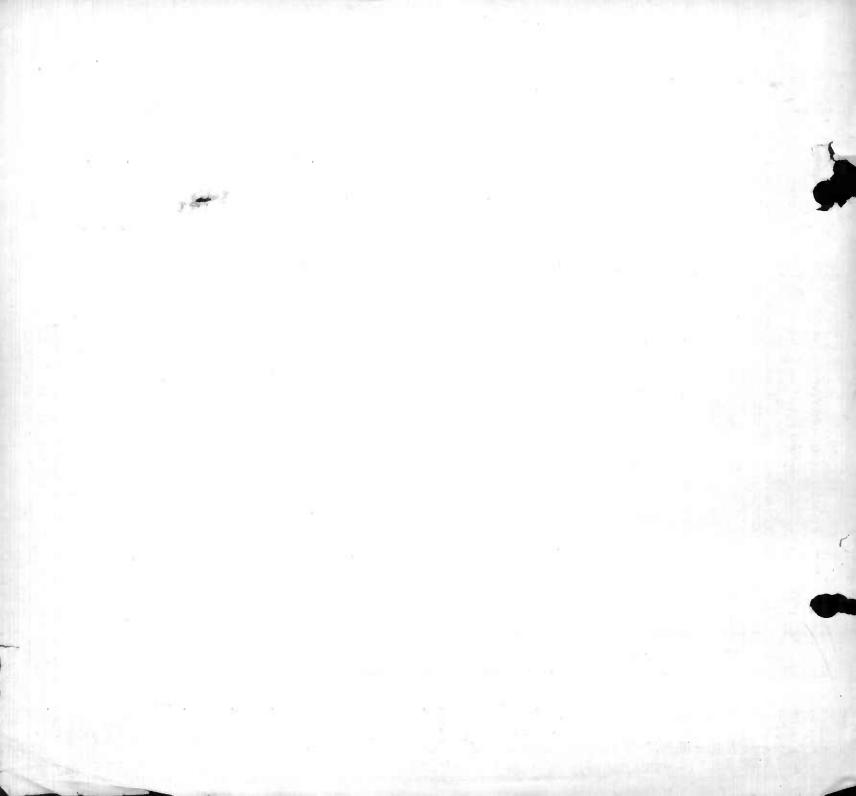
BIR	тн но.	(113)	MED	ICAL EX	AMINER'S CI	ERTIFICAT	E OF D	EATH Registe	ered No. 111	996		
	E CASE NO.	CEASED					O DATE AND	HOUR PRONOUNC	ED DEAD			
(Ту	pe or Print)	CLASED	LOUISE	JOECKE	T.	February 23, 1966 5:00 A						
3.	PLACE IN BALT	IMORE, M				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission						
511		//F NO	TIM DOLL T	AL OR INICTITI	ITION CINE CTORES	A. STATE Maryland B. COUNTY						
HC	SPITAL OR	ADDR	ESS OR LOCA	TION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Baltimore						
P	0	1629	Gorsuc	h Ave.		D. STREET ADDR						
							9 Gorsu					
5. 5	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Doy	r. ff Under 24 Hrs. s ₁ Hours ₁ Min.		
1	emale	whi		Wide		July 16.	1885	80				
	e during most of v	working life,		TOR KIND OF	BUSINESS OR INDUSTRY			country)	12. CITIZEN C			
12	House					Maryl						
13.						14. MOTHER'S MA						
	Theodo						a Wagne:	r				
	WAS DECEASE s, no or unknown				16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS			
	No	No	ne		216-07-8270	Mrs. Els	ie Roge	rs same add	iracc an	a b area		
ERTIFICATION	(This does the head foilure, injury or continuity or conti	LEADING not meon osthenio, mplicotion w NNTECEND OR COND E ABOVE (NG COND NIFICANT (DEATH B) R CONDITIE	ENT CAUSE ITIONS, IF A CAUSE (A) ST ITION LAST. II CONDITIONS UT NOT REI ON CAUSING	dying, e.g., the discose, deoth.) S NY, GIVING TATING THE CONTRIBUTING TO	(B)			ovascular (
O	19A. DATE OF	OPERATIO	WAS PERI		WHICH OPERATION	20A. AUTOPSY?		OB. IF YES, WERE FI				
MEDICAL	21 A. EXTERNA UNDERLYING UTING CAU	OR CONT	RIB-	21B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or about 21C. W	HERE DID ()	f in Boltimore Cily, gi	ve exoct lacatio	n)		
2	21 D TIME OF INJURY	(Month)	(Doy) (Year	Hour) 2	1E. INJURY OCCURRED	21 F. HO	M DID INTIL	RY OCCUR?				
	(APPROX.)			m. V	VHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE						
	22.	16. AL -A I	hald on h	[]			ab -a al t-	t at a land to				
			held an li					basis, death in n				
	resul	ted tram:	Notural car	JSes X A	ccident Suicide			ndetermined mann	er			
	ACTUAL		1-11	27,4	0.7. ()		DICAL EXA		D	ATE SIGNED		
	SIGNAT		1 VY	4	14 4CK M.D.	ASSISTANT ME				2-23-66		
22.4	NAME (Type) Ki			ecker, M.D.	ASSOCIATE ME						
	OVAL (Specify		23B. DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. LO	CATION (City,	, town, or count	y) (Stote)		
	Brema		2/26/1	- 1	Greenmount C			ltimore, M				
244	DATE REC'D			and the same	OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADDR	to, mes.		
	FFR 9	A 1966	600	To be sto	2. Com Mile	2 1	1. 1	1 0	Bul	10.1		

VS 151-REV. 1/1/65



V\$ 150-REV. 1/1/65





7-26] W-48	26	BALTIMORE CITY	HEALTH DEPARTMENT	,	V) 1 ()
BIRTH NO. M.E. CASE NO. 1. NAME OF DE (Type or Print) 3. PLACE OF D	66 01999	CERTIFICA	TE OF DEATH	Registered No.	66 01999
1. NAME OF DE	Edward	Walker	2-1	ND HOUR OF DEATH	2.40 A
FULL NAME HOSPITAL OI	Baltimore City Hosp	pitals	Maryland c. cin or town (if our Baltimore)	otside city limits, write	RURAL and give township)
31	4940 Eastern Avenu Baltimore, Maryland	21224	2013 Edmonds	rurol, give locotion) on Avenue	21223
Ma.le	Negro Wid	D, NEVER MARRIED ED, DIVORCED (specify) OWEQ	8. DATE OF BIRTH 9-20-1901	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
one during most	CUPATION (Give kind of work 10 B, KIND of working life, even if retired)	OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	Joshua T. W	alker	14. MOTHER'S MAIDEN NA		rence Bams
15. Was Deceas (Yes, no or unknow	ed Ever in U. S. Armed Forces? wn)(If yes, give wor or dotes of service)		17. INFORMANT Records: BCH-494	O Eastern A	venue 21224
(This does	ASE OR CONDITION DIRECTLY LEADING TO DEATH nal meon the mode of dying, e.g., asthenia, etc. It means the disease omplication which coused death.)		Carinom a	lung	INTERVAL BETWEEN ONSET AND DEATH
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if ony, givin the obave cause (A) stoling the obave cause (B) stoling the condition last.				
TO THE	NIFICANT CONDITIONS CONTRIBUTI DEATH BUT NOT RELATED TO T R CONDITION CAUSING IT.	NG THE			
E O	OF OPERATION 198. CONDITION FOR WAS PERFORMED		NO NO	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
, OR CONTRI	BUTING CAUSE OF his prediction of the prediction	1 B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o tc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	V	Vhile At Not While At Work	21F. HOW DID INJ	JURY OCCUR?	
thately (w	ry that (this haspital) attended e) last saw the deceased alive an and fram the causes stated above.	2-18	19 46 and th		nian death accurred an the
23A. SIGNA	Lawie M	rely M.D. Att.	Med. S. Director	Stoff Phys.	2-18-46
Bur	eal 2/23/66 7	M.D. NAME OF CEMETERY OF CR M. C. BULLANY OF REGISTRAR	4740 -0000011 11	AN Elem	address
FES VS 150-REV. 1/	24 1966 120 68.	Fallagha , O	Jusiph K.1	diss 22	Timen, mik

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